Alberta Ministry of Health and Wellness

Alberta Health Care Insurance Plan Statistical Supplement 2005/2006

www.healthyalberta.com

Alberta

For further information

For additional copies of the Statistical Supplement contact:

Alberta Health and Wellness
Communications
22 Floor, 10025 Jasper Avenue
Edmonton, Alberta T5J 1S6

Phone: (780) 427-7164
Fax: (780) 427-1171
E-mail: ahinform@health.gov.ab.ca

You can find this document on the Alberta Health and Wellness website ~
www.health.gov.ab.ca

Further information on performance measures and financial statements is provided in the **Alberta Ministry of Health and Wellness Annual Report 2005/2006**. Copies are available from the communications branch or the ministry website.

For inquiries concerning the material in this publication contact:

Alberta Health and Wellness
Innovation and Policy Branch
Correspondence and Document Design
11 Floor, 10025 Jasper Avenue
Edmonton, Alberta T5J 1S6
Phone: (780) 415-1628
Fax: (780) 415-0963

ISSN 0848-4775
ISSN 1710-1182; PDF version

Table of Contents

Introduction 1

Section 1: Registration 3

Figure 1 Population Covered for Basic Health Benefits Broken Down by Age and Gender as at March 31, 2006 4

Table 1.1 Number of Registrations and Population Covered as at March 31, 2002, 2003, 2004, 2005 and 2006 8

Table 1.2 Number of Registrations and Population Covered by Method of Premium Collection and Subsidy Level as at March 31, 2006 9

Table 1.3 Distribution of Population by Age and Gender as at March 31, 2002, 2003, 2004, 2005 and 2006 10

Section 2: Basic Health Services (Physicians and Allied Health Practitioners) 13

Figure 2 Average Fee-For-Service Payments per Albertan to Physicians for Basic Health Services, Broken Down by Age and Gender, for the Fiscal Year April 1, 2005 to March 31, 2006 16

Figure 3 Average Fee-For-Service Payments per Albertan to Allied Practitioners for Basic Health Services, Broken Down by Age and Gender, for the Fiscal Year April 1, 2005 to March 31, 2006 16

Figure 4 Average Number of Basic Health Services per Person for the Fiscal Years Ended March 31, 2002 to March 31, 2006 . . 17

Table 2.1 Medical and Allied Practitioners: Selected Indicators for the Service Years Ended March 31, 2002 to March 31, 2006 20

Table 2.1A Number of Services and Total Payments to Allied Practitioners by Service Category Code for the Service Year April 1, 2005 to March 31, 2006 22

Table 2.2 Number of Physicians and Average Payments to Physicians within their Age Group for the Service Years Ended March 31, 2002 to March 31, 2006 23

Table 2.2A Number of Chiropractors and Average Payments to Chiropractors within their Age Group for the Service Years Ended March 31, 2002 to March 31, 2006 24

Table 2.2B Number of Dentists/Oral Surgeons and Average Payments to Dentists/Oral Surgeons within their Age Group for the Service Years Ended March 31, 2002 to March 31, 2006 25

Table 2.2C Number of Optometrists and Average Payments to Optometrists within their Age Group for the Service Years Ended March 31, 2002 to March 31, 2006 26

Table 2.2D Number of Podiatrists and Average Payments to Podiatrists within their Age Group for the Service Years Ended March 31, 2002 to March 31, 2006 27

Table 2.3 Distribution of Physician and Allied Practitioner Payments and Services per Patient for the Service Year April 1, 2005 to March 31, 2006 28

Table 2.4 Total Number of Services Provided by Physicians and Allied Practitioners for the Service Years Ended March 31, 2002 to March 31, 2006 28

Table 2.5A Distribution of Optometry Payments and Services per Patient for Recipients 0 to 18 Years of Age for the Service Years Ended March 31, 2002 to March 31, 2006 29

Table 2.5B Distribution of Optometry Payments and Services per Patient for Recipients 65 Years of Age and Older for the Service Years Ended March 31, 2002 to March 31, 2006 29

Table 2.6 Total and Average Gross Payments to Physicians and Allied Practitioners by Practitioner Type for the Service Years Ended March 31, 2002 to March 31, 2006 30

Table 2.7 Distribution of Physicians and Allied Practitioners by Gross Payment Range for the Service Years Ended March 31, 2002 to March 31, 2006 31

Table 2.8 Distribution of Physician Payments and Services per Patient for the Service Years Ended March 31, 2002 to March 31, 2006 33

Table 2.9 Distribution of Discrete Patients by Payment Range for Services Provided by Physicians for the Service Year April 1, 2005 to March 31, 2006 34

Table 2.9A Percentage Distribution of Discrete Patients by Payment Range for Services Provided by Physicians for the Service Year April 1, 2005 to March 31, 2006. . . . 35

Table 2.10 Distribution of Physicians by Specialty for the Service Years Ended March 31, 2002 to March 31, 2006 36

Table 2.10A Distribution of Average Gross Payments for the Service Years Ended March 31, 2002 to March 31, 2006 37

Table 2.10B Distribution of Median Gross Payments for the Service Years Ended March 31, 2002 to March 31, 2006 38
Table 2.11 Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2005 to March 31, 2006 39
Table 2.12 Number of Full-Time Equivalent Physicians by Specialty for the Service Year April 1, 2005 to March 31, 2006 47
Table 2.13 Distribution of Physician Payments by Type of Service and Specialty for the Service Year April 1, 2005 to March 31, 2006 48
Table 2.14 Physician Services and Payments per 1,000 Insured Persons by Type of Service, and Age and Gender of Recipient, for the Service Year April 1, 2005 to March 31, 2006 51
Table 2.15 Percentage Changes to Rates in the Schedule of Medical Benefits by Specialty for October 1, 2003 to March 31, 2006 53
Table 2.16 Basic Health Services: Percentage Changes to Rates in the Schedules of Benefits for April 1, 2001 to March 31, 2006 54
Table 2.17 Alternate Relationship Plans (ARPs) Summary for the Service Year April 1, 2005 to March 31, 2006 55
Table 2.18 Out-of-Country Basic Health Services: Distribution of Payments, Number of Services and Discrete Patients for the Service Year April 1, 2005 to March 31, 2006. . . . 56
Table 2.19 Out-of-Country Health Services Program: Applications Reviewed for the Service Years Ended March 31, 2002 to March 31, 2006 57
Table 2.20 Out-of-Country Health Services Program: Fee-For-Service Payments Made for Approved Applications for the Service Years Ended March 31, 2002 to March 31, 2006 57
Table 2.21 Primary Care Networks: Distribution by Health Region, Number of Primary Care Physicians, Number of Patients, and Total Payments for the Service Year April 1, 2005 to March 31, 2006 58

Section 3: Regional Data 59

Figure 5 Map of Health Regions 60

Table 3.1 Distribution of Population Covered by Health Region Service Location as at March 31, 2006 62

Table 3.2 Distribution of Payments to Physicians by Health Region Service Location and Recipient Location for the Service Year April 1, 2005 to March 31, 2006 63

Table 3.3 Distribution of Payments by International Classification of Diseases and Health Region Service Location for the Service Year April 1, 2005 to March 31, 2006 65

Table 3.4 Distribution of Physicians with Total Payments of $10,000 and Over, and Average Payments by Health Region Service Location for the Service Year April 1, 2005 to March 31, 2006 67

Table 3.5 Number of General/Family Physicians by Payment Range and Health Region Service Location for the Service Year April 1, 2005 to March 31, 2006 68

Table 3.6 Number of Physicians by Specialty Within Each Health Region for the Service Year April 1, 2005 to March 31, 2006 69

Table 3.7 Allied Health Services: Distribution of Services and Payments by Health Region Service Location for the Service Year April 1, 2005 to March 31, 2006 70

Section 4: Alberta Blue Cross Non-Group Coverage . . 71

Figure 6 Alberta Blue Cross Non-Group Coverage: Average Net Payment for Drugs per Recipient by Coverage Category for the Service Year April 1, 2005 to March 31, 2006. . . . 73

Table 4.1 Alberta Blue Cross Non-Group Coverage: Number of Registrations and Persons Covered by Level of Premium Payment as at March 31, 2002, 2003, 2004, 2005 and 2006 75

Table 4.2 Alberta Blue Cross Non-Group Coverage: Number of Registrations and Persons Covered by Coverage Category and Level of Premium Payment as at March 31, 2002, 2003, 2004, 2005 and 2006 76

Table 4.3 Alberta Blue Cross Non-Group Coverage: Persons Covered by Age and Gender as at March 31, 2002, 2003, 2004, 2005 and 2006 77

Table 4.4 Alberta Blue Cross Non-Group Coverage: Number of Discrete Recipients and Amounts Paid by Coverage Category, Level of Premium Payment and Type of Service for the Year Ending March 31, 2006 78

Table 4.5 Alberta Blue Cross Non-Group Coverage: Number of Drug Prescriptions and Cost of Benefits for Over-the-Counter Products and Prescription Drugs for the Year Ending March 31, 2006 79

Table 4.6 Number and Percentage Change of Licensed Community Pharmacies in Alberta as at March 31, 2002, 2003, 2004, 2005 and 2006 80

Table 4.7 Alberta Blue Cross Non-Group Coverage: Ten Highest Prescription Drug Expenditures by Net Payment and Coverage Category for the Year Ending March 31, 2006 81

Table 4.8 Alberta Blue Cross Non-Group Coverage: Average Gross Cost per Prescription by Broad Drug Category (Direct Bill and Reimbursement Claims) for Recipients in All Groups for the Year Ending March 31, 2006. 82

Table 4.9 Alberta Blue Cross Non-Group Coverage: Number of Prescriptions and Gross Payments by Drug Cost Components (Direct Bill Claims Only) for the Year Ending March 31, 2006 83

Glossary/Definitions 85

Introduction

What is the Alberta Health Care Insurance Plan?

The Alberta Health Care Insurance Plan (AHCIP) is a publicly-funded health care plan. It is established in accordance with the *Canada Health Act* principles of public administration, comprehensiveness, universality, portability and accessibility.

The AHCIP provides two types of coverage to Albertans. They are:

- basic health coverage for insured services provided by physicians, dentists/oral surgeons and hospitals. In addition to these services, which are required by the *Canada Health Act*, the AHCIP also provides limited coverage for services provided by allied practitioners, such as chiropractors, optometrists (for residents 18 and under and 65 and over) and podiatrists. All residents of Alberta are required to register for AHCIP coverage, but have the option to opt out. There is a monthly premium for this coverage, except for those individuals and their dependants who are enrolled in special coverage categories (such as Seniors, recipients of Alberta Widows' Pension or Income Support) or individuals entitled to full premium assistance.
- supplemental health insurance through Alberta Blue Cross Non-Group Coverage plans, for pharmaceutical and selected health service coverage. These supplemental plans also cover services beyond those required by the *Canada Health Act* and are funded by Alberta Health and Wellness and administered by Alberta Blue Cross. Coverage is available to all Albertans under the age of 65 and their dependants, subject to the payment of a monthly premium. Premium-free coverage is provided to seniors and their dependants, and to recipients of the Alberta Widows' Pension and their dependants. In addition, premium-free drug coverage is provided to people who have been diagnosed as needing palliative care who receive their health care at home.

What can I find in the *Statistical Supplement*?

Alberta Health and Wellness publishes the *Statistical Supplement* as an extension of the ***Alberta Ministry of Health and Wellness Annual Report.*** Data are provided on the number of people registered with the AHCIP, payments made by the AHCIP to Alberta physicians and allied practitioners (dentists/oral surgeons, chiropractors, optometrists and podiatrists) for services provided to Albertans, and payments for services provided to Albertans out of the country. The *Statistical Supplement* also reports data on the Alberta Blue Cross Non-Group Plans.

How is data reported in the *Statistical Supplement*?

This edition of the *Statistical Supplement* reports data for the period April 1, 2005 to March 31, 2006. Where feasible, data are provided for a five-year period to assist in longer-term comparisons. Regional health authority data are provided only for the current year, since regional boundaries are subject to change, making data for previous years incomparable. Boundaries were last adjusted on December 1, 2003.

The majority of data are reported on a date-of-service basis, with the exception of Section 4, Alberta Blue Cross Non-Group Coverage, which reports data on a date-of-payment basis.

Note: Some totals in the *Statistical Supplement* differ from those in the *Annual Report*. The *Statistical Supplement* uses claims payment data from the Claims Assessment System (CLASS), based on date-of-service, while the *Annual Report* uses financial statement data, based on date-of-payment, from the Alberta Government Integrated Management Information System (IMAGIS).

What information is not included in the *Statistical Supplement*?

The following information is not included in the *Statistical Supplement:*

- AHCIP payments for medical and hospital services Albertans received in other Canadian provinces/territories;
- regional health authority services and costs (e.g. hospital and home care services and costs); and
- Alberta Cancer Board services and costs.

This information is in the *Alberta Ministry of Health and Wellness Annual Report 2005/2006*. A copy of the *Annual Report* can be found in the publications section on the Alberta Health and Wellness website at www.health.gov.ab.ca. If you would like a printed copy of the report and are calling from the Edmonton area, dial 427 7164. For other areas of Alberta call toll-free by dialing 310 0000, then (780) 427 7164 when prompted.

Section 1: Registration

Summary

This section provides statistics on the number of Albertans covered under the AHCIP for basic health services. The tables provide registration data broken down by premium status and subsidy level, and by age and gender as at March 31, 2006.

Highlights

- A total of 3,275,931 Albertans were entitled to basic health coverage. This is an increase of slightly more than 2 per cent compared to 2004/2005. Included in this total are 22,033 individuals who have temporary Canada entry documents (e.g. Minister's Permits, Work Permits, Study Permits) and are registered with the AHCIP.
- Overall, 24.3 per cent of the total population covered by the AHCIP paid reduced premiums or were fully exempt from paying premiums in 2005/2006.
- On average, during 2005/2006, approximately 9,200 Albertans (5,600 registrations) per month were on the Waiver of Premiums Program.
- All seniors received premium-free coverage during 2005/2006. As of October 1, 2004, seniors and their dependants no longer pay AHCIP premiums, regardless of their income.
- The number of Alberta Human Resources and Employment (AHRE) Income Support recipients who received premium-free coverage was 86,174; a decrease of 4.5 per cent compared to the 2004/2005 year.
- The number of AHRE Alberta Widows' Pension recipients, who also received premium-free coverage, decreased by 20.4 per cent (to 1,415) compared to those covered in 2004/2005. The numbers continue to decline because the program has not accepted applications since April 2004.
- In 2005/2006, the number of Albertans who chose to opt out of the AHCIP decreased to 294 compared to 300 in 2004/2005.

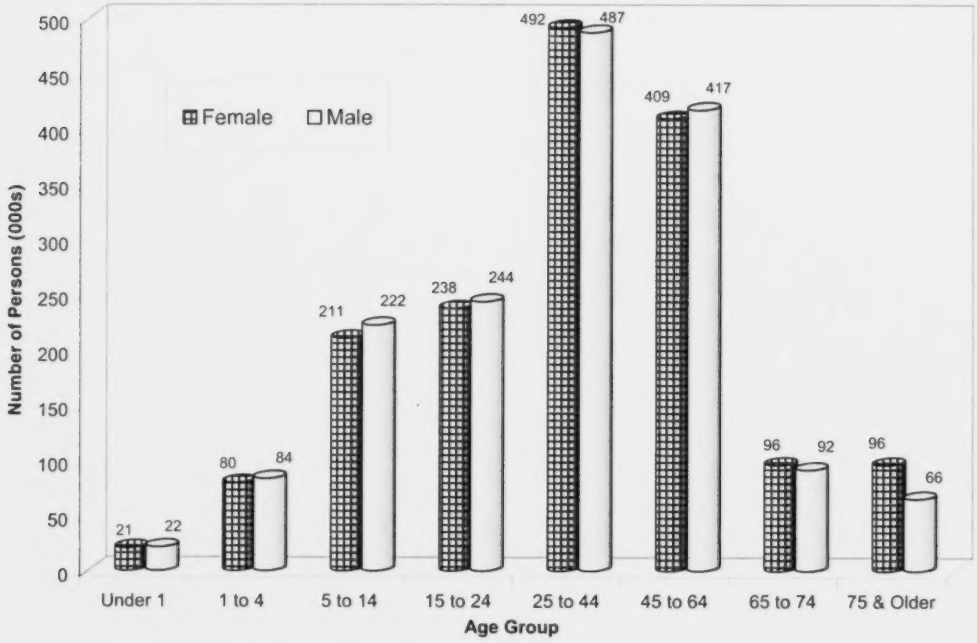
Did You Know?

In 2005/2006, premiums collected covered 10 cents of every dollar needed to fund our health care system. The balance was made up of:

- 23 cents from federal transfer payments,
- 64 cents from Alberta's general revenues, and
- 3 cents from lottery and other revenues.

Figures and Charts

Figure 1
Population Covered for Basic Health Benefits Broken Down by Age and Gender as at March 31, 2006



Explanatory Notes

Bracketed Data

Bracketed data ( ) indicate negative figures.

Income Support Category

This category is comprised of Albertans who receive financial benefits through the Alberta Human Resources and Employment (AHRE) Income Support Program. Income Support recipients receive premium-free AHCIP coverage.

Individual and Group Category

This category is comprised of Albertans who make AHCIP premium payments either directly to Alberta Health and Wellness or through group plans (e.g. employers who submit premiums on behalf of their employees).

Opting Out

Every year, Albertans who object in principle to the AHCIP may opt out. These individuals and their dependants are responsible for paying all of their health care expenses. People who opt out must do so for a full benefit year, which is July 1st of one year to June 30th of the following year.

Premium Assistance Programs

Premium rates for AHCIP coverage are $88 per month ($1,056 per year) for family coverage (two or more people) and $44 per month ($528 per year) for single coverage. To assist lower-income Albertans with the cost of premiums, Alberta Health and Wellness has two premium assistance programs which residents can apply for: the Premium Subsidy Program and the Waiver of Premiums Program.

Eligibility for the Premium Subsidy Program is based on the applicant's family category and the taxable income of the applicant and his or her spouse/adult interdependent partner (if applicable) for the year preceding the subsidy period. A subsidy period runs from April 1st of one year to March 31st of the following year.

Family category (shown below) is determined based on whether there are children and/or a spouse/adult interdependent partner on the registration account.

2005/2006 Premium Subsidy Thresholds

Family Category	Full Subsidy*	Full Premiums*
Single	under $12,450	over $15,970
Family – no children	under $21,200	over $28,240
Family – with children	under $27,210	over $34,250

*If the combined incomes of the applicant and his/her spouse/partner fall in between the thresholds for full subsidy and full premiums, a partial subsidy is provided.

The Waiver of Premiums Program is designed to assist Albertans who are experiencing short-term financial difficulties. Eligibility is based on the average gross monthly income for the three calendar months prior to the date the application is signed. If there is a spouse or adult interdependent partner on the account, both individuals are required to report their income. If the average monthly income is under the qualifying level (shown below), premiums are waived for a six-month period.

2005/2006 Waiver of Premium Thresholds

Family Category	Income Level
Single	$1,020
Family – no children	$1,860
Family – with children	$2,260

Registrations

Registration data are based on the number of active registrations on the AHCIP files as of the last day of the fiscal year (March 31st). Individuals registered with the AHCIP for part of the year, but not on March 31st, are excluded. The number of registrations differs from the number of people covered. There is usually one registration per family household. The number of people covered under one registration ranges from one (single coverage) to two or more (family coverage). Details regarding the number of registrations are in Table 1.1 and Table 1.2 on pages 8 – 9.

The population data reported in the *Statistical Supplement* differs from Statistics Canada provincial population estimates because:

- Alberta Health and Wellness continually updates the AHCIP data.
- Persons who are temporarily absent from the province or who have left the province permanently, but retain their coverage for a period of three months (up to March 31st), are included in the data.
- Members of the Armed Forces, members of the RCMP, and inmates of federal penitentiaries are covered by the federal government. They are not entitled to AHCIP coverage so they are not included in the data. However, their family members who live permanently in Alberta are entitled to AHCIP coverage and are included in the data, where applicable.

Seniors Category

Alberta Health and Wellness provides premium-free AHCIP and Alberta Blue Cross Non-Group coverage to all Alberta seniors and their dependants, regardless of income. Refer to Section 4, Alberta Blue Cross Non-Group Coverage, for more details about Alberta Blue Cross coverage.

Widows' Pension Category

Prior to April 1, 2004, lower income widows or widowers, aged 55 to 64, could apply for financial, health care and housing assistance through Alberta Human Resources and Employment (AHRE) Alberta Widows' Pension (AWP) plan. As of April 1, 2004, no new applications have been accepted and AHRE staff direct people who inquire about the AWP to appropriate income support programs. With no new applicants, the number of AWP recipients continues to decline.

Currently, recipients of AWP and their eligible dependants receive both premium-free AHCIP coverage and Alberta Blue Cross non-group supplemental health coverage. Refer to Section 4, Alberta Blue Cross Non-Group Coverage, for more details about Alberta Blue Cross coverage.

Table 1.1
Number of Registrations and Population Covered as at March 31, 2002, 2003, 2004, 2005, and 2006[1]

Population Categories	Number of Registrations					Percentage Change			
	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006	2003/2002	2004/2003	2005/2004	2006/2005
Individual and Group	1,195,302	1,223,618	1,250,087	1,272,089	1,310,030	2.37	2.16	1.76	2.98
Seniors	237,772	242,564	248,345	256,894	263,967	2.02	2.38	3.44	2.75
Widows' Pension	2,158	2,035	1,921	1,636	1,317	(5.70)	(5.60)	(14.84)	(19.50)
Income Support Recipients	48,986	51,787	53,485	56,800	55,559	5.72	3.28	6.20	(2.18)
Total	1,484,218	1,520,004	1,553,838	1,587,419	1,630,873	2.41%	2.23%	2.16%	2.74%

Population Categories	Population Covered					Percentage Change			
	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006	2003/2002	2004/2003	2005/2004	2006/2005
Individual and Group	2,646,957	2,688,693	2,718,333	2,741,056	2,800,619	1.58	1.10	0.84	2.17
Seniors	347,497	354,589	363,201	376,993	387,723	2.04	2.43	3.80	2.85
Widows' Pension	2,390	2,239	2,098	1,778	1,415	(6.32)	(6.30)	(15.25)	(20.42)
Income Support Recipients	75,540	78,966	81,525	90,208	86,174	4.54	3.24	10.65	-4.47
Total	3,072,384	3,124,487	3,165,157	3,210,035	3,275,931	1.70%	1.30%	1.42%	2.05%

(1) The population figures are as at March 31, calculated in July.

Table 1.2
Number of Registrations and Population Covered by Method of Premium Collection and Subsidy Level as at March 31, 2006[1]

Registration Status	Total		Single		Family	
	Registrations	Population	Registrations	Population	Registrations	Population
Non-Subsidized						
Individual and Group	1,152,666	2,478,937	536,361	536,361	616,305	1,942,576
Partial Reduction						
Individual and Group						
0.1% to 25.0% Reduced	5,439	10,213	3,276	3,276	2,163	6,937
25.1% to 50.0% Reduced	6,333	12,502	3,589	3,589	2,744	8,913
50.1% to 75.0% Reduced	7,059	14,284	3,819	3,819	3,240	10,465
75.1% to 99.9% Reduced	5,988	12,587	3,009	3,009	2,979	9,578
Subtotal	24,819	49,586	13,693	13,693	11,126	35,893
Full Reduction						
Individual and Group	132,545	272,096	68,085	68,085	64,460	204,011
Seniors	263,967	387,723	144,561	144,561	119,406	243,162
Widows' Pension	1,317	1,415	1,246	1,246	71	169
Income Support Recipients	55,559	86,174	40,642	40,642	14,917	45,532
Subtotal	453,388	747,408	254,534	254,534	198,854	492,874
Total	1,630,873	3,275,931	804,588	804,588	826,285	2,471,343

(1) The population figures are as at March 31, calculated in July.

Table 1.3
Distribution of Population by Age and Gender as at March 31, 2002, 2003, 2004, 2005 and 2006[1]

Gender / Age Group	Total					Percentage Change			
	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006	2003/2002	2004/2003	2005/2004	2006/2005
Under 1	37,371	38,810	40,155	40,517	42,345	3.85	3.47	0.90	4.51
1 - 4	156,315	156,101	155,949	158,354	163,440	(0.14)	(0.10)	1.54	3.21
5 - 9	212,496	210,261	208,723	206,883	206,546	(1.05)	(0.73)	(0.88)	(0.16)
10 - 14	229,304	230,458	229,393	227,377	226,653	0.50	(0.46)	(0.88)	(0.32)
15 - 19	231,005	232,542	233,259	236,176	238,690	0.67	0.31	1.25	1.06
20 - 24	221,083	227,934	233,727	237,132	242,791	3.10	2.54	1.46	2.39
25 - 29	219,043	223,438	227,029	231,404	237,671	2.01	1.61	1.93	2.71
30 - 34	226,843	229,209	229,807	230,953	233,747	1.04	0.26	0.50	1.21
35 - 39	252,445	245,416	238,698	234,910	238,786	(2.78)	(2.74)	(1.59)	1.65
40 - 44	273,266	275,925	275,902	273,916	268,707	0.97	(0.01)	(0.72)	(1.90)
45 - 49	245,421	255,436	262,678	268,455	273,737	4.08	2.84	2.20	1.97
50 - 54	195,263	201,872	211,392	221,753	234,312	3.38	4.72	4.90	5.66
55 - 59	146,978	158,544	167,091	176,968	187,239	7.87	5.39	5.91	5.80
60 - 64	110,136	115,230	120,634	126,021	131,377	4.63	4.69	4.47	4.25
65 - 69	93,638	94,903	96,580	98,603	101,780	1.35	1.77	2.09	3.22
70 - 74	82,248	83,662	84,554	85,401	86,193	1.72	1.07	1.00	0.93
75 - 79	62,317	64,072	65,960	68,194	70,705	2.82	2.95	3.39	3.68
80 - 84	42,551	44,811	46,616	47,789	49,303	5.31	4.03	2.52	3.17
85 & Older	34,661	35,863	37,010	39,229	41,909	3.47	3.20	6.00	6.83
Total	3,072,384	3,124,487	3,165,157	3,210,035	3,275,931	1.70%	1.30%	1.42%	2.05%

(1) The population figures are as at March 31, calculated in July.

...Continued

Table 1.3
Distribution of Population by Age and Gender
as at March 31, 2002, 2003, 2004, 2005 and 2006[1]

Gender / Age Group	Male					Percentage Change			
	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006	2003/2002	2004/2003	2005/2004	2006/2005
Under 1	19,043	19,799	20,597	20,741	21,556	3.97	4.03	0.70	3.93
1 - 4	79,775	79,746	79,605	81,007	83,574	(0.04)	(0.18)	1.76	3.17
5 - 9	109,200	108,144	107,270	106,202	106,094	(0.97)	(0.81)	(1.00)	(0.10)
10 - 14	117,490	117,933	117,703	116,636	116,341	0.38	(0.20)	(0.91)	(0.25)
15 - 19	118,287	119,167	119,350	120,870	122,026	0.74	0.15	1.27	0.96
20 - 24	111,610	114,873	117,667	119,289	121,720	2.92	2.43	1.38	2.04
25 - 29	109,885	112,174	113,981	115,598	117,919	2.08	1.61	1.42	2.01
30 - 34	113,562	114,957	115,502	115,972	116,990	1.23	0.47	0.41	0.88
35 - 39	125,135	121,982	118,848	117,042	118,965	(2.52)	(2.57)	(1.52)	1.64
40 - 44	137,112	137,807	137,440	135,808	133,290	0.51	(0.27)	(1.19)	(1.85)
45 - 49	124,801	129,738	133,278	135,787	137,874	3.96	2.73	1.88	1.54
50 - 54	99,165	102,723	107,482	112,824	118,972	3.59	4.63	4.97	5.45
55 - 59	74,237	80,121	84,284	89,352	94,601	7.93	5.20	6.01	5.87
60 - 64	55,034	57,702	60,458	63,213	65,756	4.85	4.78	4.56	4.02
65 - 69	46,257	46,704	47,409	48,495	50,175	0.97	1.51	2.29	3.46
70 - 74	39,356	40,145	40,746	41,166	41,539	2.00	1.50	1.03	0.91
75 - 79	27,161	28,313	29,533	30,893	32,296	4.24	4.31	4.61	4.54
80 - 84	16,519	17,461	18,292	18,920	19,771	5.70	4.76	3.43	4.50
85 & Older	11,157	11,538	11,817	12,555	13,490	3.41	2.42	6.25	7.45
Total	1,534,786	1,561,027	1,581,262	1,602,370	1,632,949	1.71%	1.30%	1.33%	1.91%

(1) The population figures are as at March 31, calculated in July.

...Continued

Table 1.3
Distribution of Population by Age and Gender as at March 31, 2002, 2003, 2004, 2005 and 2006[1]

Gender / Age Group	Female					Percentage Change			
	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006	2003/2002	2004/2003	2005/2004	2006/2005
Under 1	18,328	19,011	19,558	19,776	20,789	3.73	2.88	1.11	5.12
1 - 4	76,540	76,355	76,344	77,347	79,866	(0.24)	(0.01)	1.31	3.26
5 - 9	103,296	102,117	101,453	100,681	100,452	(1.14)	(0.65)	(0.76)	(0.23)
10 - 14	111,814	112,525	111,690	110,741	110,312	0.64	(0.74)	(0.85)	(0.39)
15 - 19	112,718	113,375	113,909	115,306	116,664	0.58	0.47	1.23	1.18
20 - 24	109,473	113,061	116,060	117,843	121,071	3.28	2.65	1.54	2.74
25 - 29	109,158	111,264	113,048	115,806	119,752	1.93	1.60	2.44	3.41
30 - 34	113,281	114,252	114,305	114,981	116,757	0.86	0.05	0.59	1.54
35 - 39	127,310	123,434	119,850	117,868	119,821	(3.04)	(2.90)	(1.65)	1.66
40 - 44	136,154	138,118	138,462	138,108	135,417	1.44	0.25	(0.26)	(1.95)
45 - 49	120,620	125,698	129,400	132,668	135,863	4.21	2.95	2.53	2.41
50 - 54	96,098	99,149	103,910	108,929	115,340	3.17	4.80	4.83	5.89
55 - 59	72,741	78,423	82,807	87,616	92,638	7.81	5.59	5.81	5.73
60 - 64	55,102	57,528	60,176	62,808	65,621	4.40	4.60	4.37	4.48
65 - 69	47,381	48,199	49,171	50,108	51,605	1.73	2.02	1.91	2.99
70 - 74	42,892	43,517	43,808	44,235	44,654	1.46	0.67	0.97	0.95
75 - 79	35,156	35,759	36,427	37,301	38,409	1.72	1.87	2.40	2.97
80 - 84	26,032	27,350	28,324	28,869	29,532	5.06	3.56	1.92	2.30
85 & Older	23,504	24,325	25,193	26,674	28,419	3.49	3.57	5.88	6.54
Total	1,537,598	1,563,460	1,583,895	1,607,665	1,642,982	1.68%	1.31%	1.50%	2.20%

(1) The population figures are as at March 31, calculated in July.

Section 2: Basic Health Services (Physicians and Allied Health Practitioners)

Summary

The Alberta Health Care Insurance Plan (AHCIP) provides Albertans with coverage for basic health services. These include insured services provided by physicians and dentists/oral surgeons, as well as some services provided by podiatrists, optometrists and chiropractors. Alberta practitioners receive fee-for-service payments and/or are paid through Alternate Relationship Plans (ARPs) see page 55 for information about ARPs.

In this section, data are primarily for fee-for-service payments. Data are organized by practitioner specialty and type of service, by patient age and gender, and by the percentage of change in schedules of benefits. Individual schedules of benefits provide details about services and fee-for-service rates payable by the AHCIP. Unless otherwise noted, pathology services are included in this fee-for-service data. ARP and Primary Care Network (PCN) data are reported separately in Tables 2.17 and 2.21, respectively.

Did You Know?

During 2005/2006, nineteen (19) cents of each dollar spent on health care in Alberta was for physician services.

Highlights

- In Alberta, 5,585 physicians and 1,523 allied practitioners received fee-for-service payments from the AHCIP during 2005/2006.
- The physician to population ratio for physicians (excluding pathologists) who submitted fee-for-service claims remained constant at 1.7 per 1,000 patients.
- Of the 3,275,931 Albertans registered for coverage with the AHCIP, 85 per cent (2,789,879 people) received at least one fee-for-service physician service during 2005/2006.
  - A total of 72.7 per cent of these patients received services valued at $500 or less.
  - 12.9 per cent of these patients received physician services valued at more than $1,000. Payments for these patients accounted for 55.8 per cent of all fee-for-service physician expenditures.
- Office visits (assessments) and consultations accounted for 46.7 per cent of the fee-for-service payments made to Alberta physicians in 2005/2006. These services accounted for 72.2 per cent of the fee-for-service payments made to general/family physicians.
- About 26 per cent of Alberta's population, 863,748 Albertans, obtained allied health services (services provided by optometrists, podiatrists and chiropractors) in 2005/2006.
- Alberta Health and Wellness spent $69,284,385 on optometry, podiatry and chiropractic services in 2005/2006. Coverage for these services is not required by the *Canada Health Act*.

- A total of $11,979,569 was spent on optometry care for Alberta's children in 2005/2006.
- The AHCIP paid fee-for-service totalling $1,545,194,417 to Alberta physicians and allied health practitioners in 2005/2006. This figure represents a 9.1 per cent increase compared to 2004/2005.
- In 2005/2006, the average total fee-for-service payment per Alberta physician was $263,677 (7.5 per cent higher than it was in 2004/2005). This brought the median payment to $219,552 (a 6.4 per cent increase compared to 2004/2005).
- A total of 530 physicians each received more than $500,000 in fee-for-service payments in 2005/2006. Of these, 78 were general/family physicians; an increase of 16 physicians compared to 2004/2005.
- A total of 104 physicians each received more than one million dollars in fee-for-service payments in 2005/2006.
- In 2005/2006, a total of 873 discrete physicians participated in ARPs. A total of $109,337,926 was spent on ARP expenditures.
- As of March 31, 2006, fourteen (14) PCNs were operating in seven health regions. These 14 PCNs involve a total of 599 physicians who provide services to more than 750,000 patients.

Charts and Figures

The following chart highlights fee-for-service payments made to Alberta practitioners in 2005/2006. The total overall payments to Alberta practitioners increased by 9.0 per cent over the previous year's payments.

2005/2006 Fee-For-Service Payments and Percentage Change

Practitioner	Overall Fee-for-Service Payments	Percentage Change from 2004/2005 to 2005/2006
Physicians	$1,472,634,054*	9.19
Dentists/Oral Surgeons	*$3,275,978*	*15.20*
Chiropractors	*$41,785,422*	*4.55*
Optometrists	*$20,115,918*	*9.55*
Podiatrists	*$7,383,045*	*2.17*
Allied Practitioner Sub-total	$72,560,363	6.09
Total	**$1,545,194,417**	**9.04**

***$5.6 million of the overall payments made by the AHCIP to physicians was for pathology services (see Explanatory Notes, page 18).**

The following chart highlights the number of Alberta practitioners who submitted fee-for-service claims to the AHCIP in 2005/2006. The total number of Alberta practitioners who submitted claims increased by 1.9 per cent over the previous year's submissions.

2005/2006 Practitioners Who Submitted Fee-For-Service Claims and Percentage Change

Practitioner	Number	Percentage Change from 2004/2005 to 2005/2006
Physicians	5,585	1.53
Dentists/Oral Surgeons	230	6.48
Chiropractors	861	2.01
Optometrists	382	4.09
Podiatrists	50	(1.96)
Total	**7,108**	**1.85**

Figure 2

Average Fee-For-Service Payments per Albertan to Physicians for Basic Health Services, Broken Down by Age and Gender, for the Fiscal Year April 1, 2005 to March 31, 2006

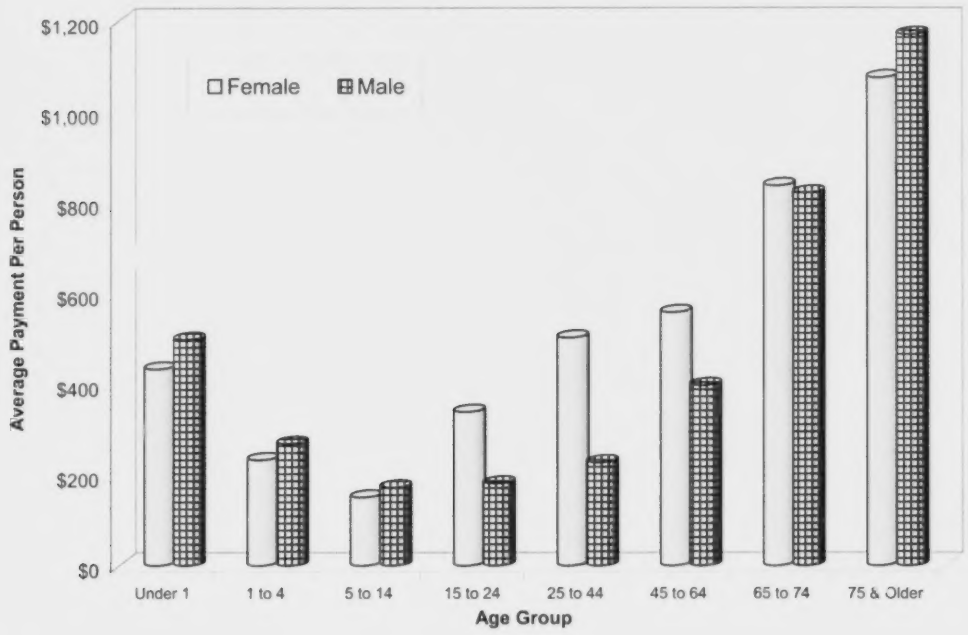
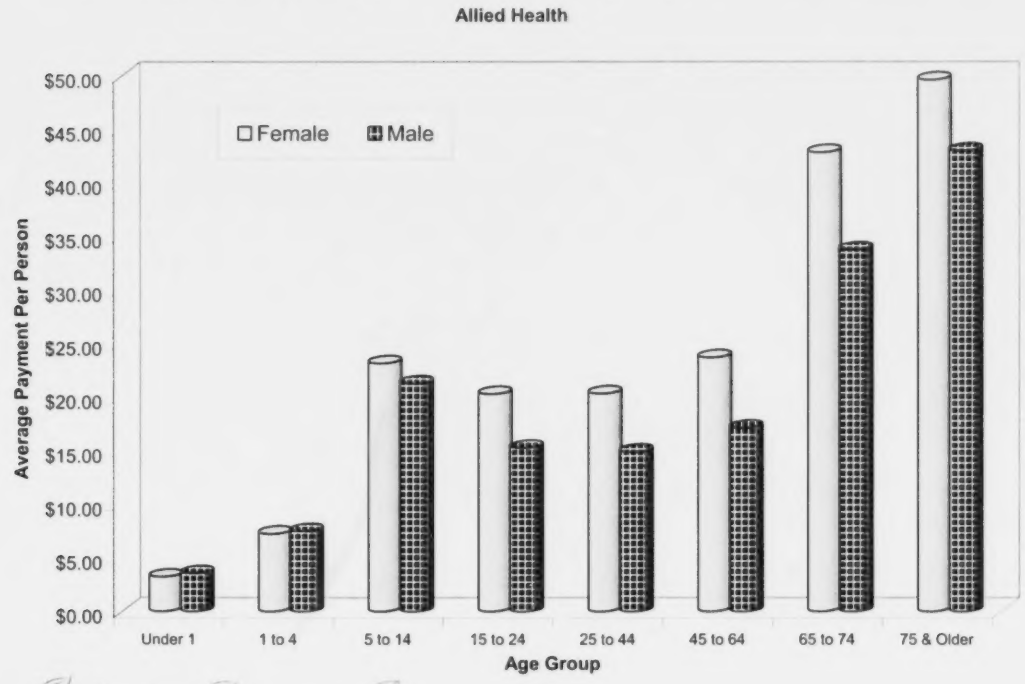


Figure 3

Average Fee-For-Service Payments per Albertan to Allied Practitioners for Basic Health Services, Broken Down by Age and Gender, for the Fiscal Year April 1, 2005 to March 31, 2006



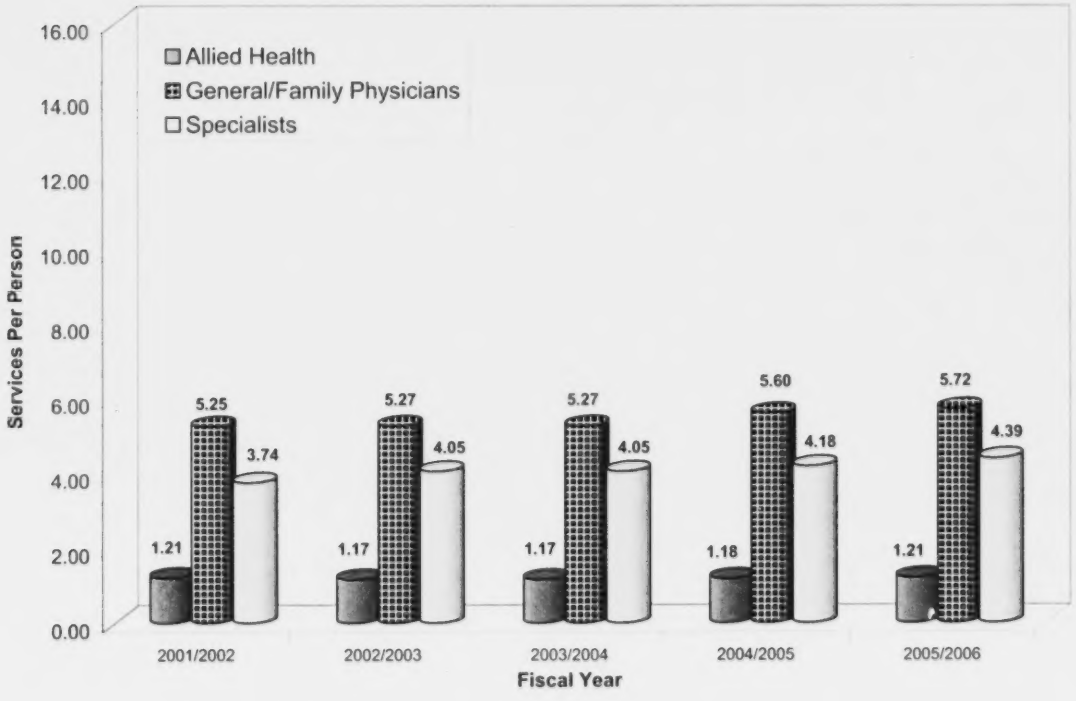
The following chart highlights the average fee-for-service cost per patient, sorted by practitioner type. The total average cost per patient in 2005/2006 increased by 6.7 per cent over the previous year's cost.

2005/2006 Fee-For Service Cost per Patient by Practitioner Type and Percentage Change

Practitioner	Average Fee-for-Service Cost/Patient	Percentage Change from 2004/2005 to 2005/2006
Physicians	$527.85	6.78
Dentists/Oral Surgeons	$281.10	7.75
Chiropractors	$89.86	(0.45)
Optometrists	$53.49	1.92
Podiatrists	$79.43	1.61
Total	**$536.33**	**6.71**

Figure 4

Average Number of Basic Health Services per Person for the Fiscal Years Ended March 31, 2002 to March 31, 2006[1]



[1]The data excludes pathologists. See Explanatory Notes on page 18 for more details.

Explanatory Notes

2005/2006 Master Physician Budget

For the 2005/2006 fiscal year, $1,700,808,000 was budgeted for fee-for-service payments, Alternate Relationship Plan (ARP) payments for physician services (excluding non-clinical academic services), on-call programs, primary care, the Physician Office System Program and other types of medical services benefits.

Bracketed Data

Bracketed data ( ) indicate negative figures.

Expenditure Location

Unless stated otherwise, the tables in Section 2 represent Alberta practitioner data. Hospital and non-hospital surgical facility costs are not reported in this *Statistical Supplement*, with the exception of select out-of-country hospital services, which are reported in Tables 2.18 to 2.20.

Pathology Services

The regional health authorities pay for most laboratory services. A few select pathology services, such as minor consultations, electrocardiograms (technical) and skin tests, are still paid for by the AHCIP.

Pathologists often submit fee-for-service claims through organizations rather than as individuals, so data about them is not directly comparable to that of other physicians. These statistics are listed separately whenever possible to allow for year-over-year comparisons.

Payments Do Not Reflect Income

These statistics cannot be used as an accurate measure of a practitioner's personal income because:

- some practitioners receive income from other sources (e.g. Workers' Compensation Board, third party medicals, and for services not covered by the AHCIP);
- both full-time and part-time practitioners are included in the statistics;
- salaried positions and contractual arrangements with regional health authorities or private employers are not included;
- payments for services rendered to non-Albertans are not included; and
- the figures quoted are payments from which practitioners pay business expenses, such as office and staff expenses.

Under special circumstances, physicians can claim and be paid for services provided by medical residents and nurses they supervise, and for diagnostic services provided by technicians.

Physician Data

Data in this section include all Alberta physicians who had fee-for-service payments of one dollar or more in 2005/2006. When physicians have multiple specialties, they have been counted in the specialty where they received the highest fee-for-service payments.

ARP data are reported separately from fee-for-service data (Table 2.17).

Manual payments totalling $17,461,049 made to Alberta physicians for the period October 1, 2003 to March 31, 2004, are not included in the data. These payments were made to address the 2.7 per cent fee increase negotiated through the Master Agreement and implemented retroactively to October 1, 2003.

Practitioner

Practitioner refers to physicians and allied health practitioners (dentists/oral surgeons, chiropractors, optometrists and podiatrists) who received fee-for-service payments from the AHCIP for basic health services.

Reporting Dates

Data are reported on a date-of-service rather than a date-of-payment basis. Practitioners have 180 days from the date-of-service to submit claims to the AHCIP for payment.

Types of Service

The types of services reported in the fee-for-service payment tables are based on the health service codes from the relevant schedules of benefits and include all payments made for the service regardless of the practitioner's role.

Table 2.1
Medical and Allied Practitioners: Selected Indicators for the Service Years Ended March 31, 2002 to March 31, 2006

Indicators	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006
REGISTRATIONS					
Population Covered	3,072,384	3,124,487	3,165,157	3,210,035	3,275,931
Number of Discrete Physician Patients [1]	2,601,914	2,642,193	2,689,453	2,728,340	2,789,879
Number of Discrete Patients per Physician	512	508	501	496	500
OVERALL PHYSICIAN SUMMARY					
Number of Physician Services Provided	27,842,671	29,328,923	30,044,400	31,683,660	33,428,098
Number of Physicians	5,079	5,206	5,363	5,501	5,585
Number of Physicians per 1,000 Persons	1.65	1.67	1.69	1.71	1.70
Number of Services per Physician	5,482	5,634	5,602	5,760	5,985
Number of Services per 1,000 Persons	9,062	9,387	9,492	9,870	10,204
Total Physician Payments	$1,061,169,693	$1,225,626,637	$1,272,779,982	$1,348,724,184	$1,472,634,054
Physician Payment per 1,000 Persons	$345,390	$392,265	$402,122	$420,159	$449,531
Average Payment per Physician	$208,933	$235,426	$237,326	$245,178	$263,677
PHYSICIAN SUMMARY EXCLUDING PATHOLOGY					
Number of Physician Services Provided	27,633,998	29,096,188	29,790,613	31,404,205	33,106,838
Number of Physicians	5,057	5,187	5,343	5,481	5,562
Number of Physicians per 1,000 Persons	1.65	1.66	1.69	1.71	1.70
Number of Services per Physician	5,465	5,609	5,576	5,730	5,952
Number of Services per 1,000 Persons	8,994	9,312	9,412	9,783	10,106
Total Physician Payments	$1,058,282,619	$1,221,557,525	$1,268,402,472	$1,343,843,049	$1,466,988,776
Physician Payment per 1,000 Persons	$344,450	$390,963	$400,739	$418,638	$447,808
Average Payment per Physician	$209,271	$235,504	$237,395	$245,182	$263,752
ALLIED PRACTITIONER SUMMARY					
Number of Allied Services Provided	3,731,537	3,640,251	3,777,986	3,796,562	3,978,369
Number of Allied Practitioners	1,369	1,425	1,443	1,478	1,523
Number of Allied Practitioners per 1,000 Persons	0.45	0.46	0.46	0.46	0.46
Number of Services per Allied Practitioner	2,726	2,555	2,618	2,569	2,612
Number of Discrete Allied Patients [2]	787,743	787,371	807,961	820,959	863,748
Number of Discrete Patients per Allied Practitioner	575	553	560	555	567
Total Payments to Allied Practitioners	$61,885,776	$61,714,534	$65,271,664	$68,398,242	$72,560,363
Allied Practitioner Payment per 1,000 Persons	$20,143	$19,752	$20,622	$21,308	$22,150
Average Payment per Allied Practitioner	$45,205	$43,308	$45,233	$46,278	$47,643

Note: This table reflects fee-for-service data only.

Continued...

(1) "Number of Discrete Physician Patients" represents the actual count of patients receiving at least one service from a physician.

(2) "Number of Discrete Allied Patients" represents the actual count of patients receiving at least one service from an allied practitioner.

Table 2.1
Medical and Allied Practitioners: Selected Indicators for the Service Years Ended March 31, 2002 to March 31, 2006

Indicators	Percentage Change			
	2003/2002	2004/2003	2005/2004	2006/2005
REGISTRATIONS				
Population Covered	1.70%	1.30%	1.42%	2.05%
Number of Discrete Physician Patients [1]	1.55	1.79	1.45	2.26
Number of Discrete Patients per Physician	(0.78)	(1.38)	(1.00)	0.81
OVERALL PHYSICIAN SUMMARY				
Number of Physician Services Provided	5.34	2.44	5.46	5.51
Number of Physicians	2.50	3.02	2.57	1.53
Number of Physicians per 1,000 Persons	1.21	1.20	1.18	(0.58)
Number of Services per Physician	2.77	(0.56)	2.81	3.92
Number of Services per 1,000 Persons	3.58	1.12	3.98	3.38
Total Physician Payments	15.50	3.85	5.97	9.19
Physician Payment per 1,000 Persons	13.57	2.51	4.49	6.99
Average Payment per Physician	12.68	0.81	3.31	7.54
PHYSICIAN SUMMARY EXCLUDING PATHOLOGY				
Number of Physician Services Provided	5.29	2.39	5.42	5.42
Number of Physicians	2.57	3.01	2.58	1.48
Number of Physicians per 1,000 Persons	0.61	1.81	1.18	(0.58)
Number of Services per Physician	2.65	(0.60)	2.76	3.89
Number of Services per 1,000 Persons	3.54	1.07	3.94	3.30
Total Physician Payments	15.43	3.83	5.95	9.16
Physician Payment per 1,000 Persons	13.50	2.50	4.47	6.97
Average Payment per Physician	12.54	0.80	3.28	7.57
ALLIED PRACTITIONER SUMMARY				
Number of Allied Services Provided	(2.45)	3.78	0.49	4.79
Number of Allied Practitioners	4.09	1.26	2.43	3.04
Number of Allied Practitioners per 1,000 Persons	2.22	0.00	0.00	0.00
Number of Services per Allied Practitioner	(6.28)	2.49	(1.89)	1.69
Number of Discrete Allied Patients [2]	(0.05)	2.62	1.61	5.21
Number of Discrete Patients per Allied Practitioner	(3.98)	1.34	(0.80)	2.10
Total Payments to Allied Practitioners	(0.28)	5.76	4.79	6.09
Allied Practitioner Payment per 1,000 Persons	(1.94)	4.40	3.33	3.95
Average Payment per Allied Practitioner	(4.20)	4.44	2.31	2.95

Note: This table reflects fee-for-service data only.

(1) "Number of Discrete Physician Patients" represents the actual count of patients receiving at least one service from a physician.

(2) "Number of Discrete Allied Patients" represents the actual count of patients receiving at least one service from an allied practitioner.

Table 2.1A
Number of Services and Total Payments to Allied Practitioners by Service Category Code for the Service Year April 1, 2005 to March 31, 2006

Practitioner Type	Service Category Code	Number of Services	Total Payments
Chiropractors	Visit	3,174,705	41,259,611
	Test (x-ray)	24,140	525,811
Dentists/Oral Surgeons	Procedures	10,759	2,833,070
	Visit	6,248	442,908
Optometrists	Visit	469,263	20,115,918
Podiatrists	Procedures	85,386	2,000,178
	Test (x-ray)	14,235	205,597
	Visit	193,633	5,177,270
Total		3,978,369	$72,560,363

Note: This table reflects fee-for-service data only.

Chiropractic Services

During the 2005/2006 year, the maximum benefit paid by the AHCIP was $13.23 for a chiropractic visit and $21.90 for an x-ray, with an annual patient limit of $200.

Optometry Services

Alberta children (18 years of age and younger) and residents who are 65 years of age and older are entitled to one complete eye exam, one partial eye exam, and one diagnostic test each year. Additional services are paid when specific medical conditions exist or if a physician refers a patient in these age groups to an optometrist. Optometry services for Albertans aged 19 to 64 years of age are not covered by the AHCIP.

Podiatry Services

Podiatry services covered by the AHCIP are paid at a set rate per service (as detailed in the *Schedule of Podiatry Benefits*), with a maximum annual benefit per patient of $250.

Table 2.2
Number of Physicians and Average Payments to Physicians within their Age Group for the Service Years Ended March 31, 2002 to March 31, 2006

Physician	Number of Physicians					Percentage Change			
Age Group	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006	2003/2002	2004/2003	2005/2004	2006/2005
Under 30	104	115	104	108	99	10.58	(9.57)	3.85	(8.33)
30 - 34	628	649	631	635	620	3.34	(2.77)	0.63	(2.36)
35 - 39	759	747	808	813	846	(1.58)	8.17	0.62	4.06
40 - 44	866	818	824	816	846	(5.54)	0.73	(0.97)	3.68
45 - 49	926	977	964	954	911	5.51	(1.33)	(1.04)	(4.51)
50 - 54	714	744	794	830	850	4.20	6.72	4.53	2.41
55 - 59	443	478	518	595	626	7.90	8.37	14.86	5.21
60 - 64	281	298	314	335	355	6.05	5.37	6.69	5.97
65 & Over	358	380	406	415	432	6.15	6.84	2.22	4.10
Total	5,079	5,206	5,363	5,501	5,585	2.50%	3.02%	2.57%	1.53%

Physician	Average Payments					Percentage Change			
Age Group	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006	2003/2002	2004/2003	2005/2004	2006/2005
Under 30	97,942	100,734	114,401	132,000	143,907	2.85	13.57	15.38	9.02
30 - 34	168,171	187,875	176,936	181,204	207,866	11.72	(5.82)	2.41	14.71
35 - 39	190,534	219,670	224,836	237,156	243,281	15.29	2.35	5.48	2.58
40 - 44	215,259	237,551	239,150	242,651	257,770	10.36	0.67	1.46	6.23
45 - 49	246,589	271,981	262,462	265,143	291,591	10.30	(3.50)	1.02	9.98
50 - 54	243,484	278,446	289,336	300,445	314,691	14.36	3.91	3.84	4.74
55 - 59	230,657	262,729	274,110	283,807	304,750	13.90	4.33	3.54	7.38
60 - 64	215,081	255,815	255,467	263,155	290,651	18.94	(0.14)	3.01	10.45
65 & Over	138,365	155,245	161,471	166,881	181,806	12.20	4.01	3.35	8.94
Total	$208,933	$235,426	$237,326	$245,178	$263,677	12.68%	0.81%	3.31%	7.54%

Note: This table reflects fee-for-service data only.

Table 2.2A
Number of Chiropractors and Average Payments to Chiropractors within their Age Group for the Service Years Ended March 31, 2002 to March 31, 2006

Chiropractor Age Group	Number of Chiropractors					Percentage Change			
	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006	2003/2002	2004/2003	2005/2004	2006/2005
Under 30	123	115	94	93	96	(6.50)	(18.26)	(1.06)	3.23
30 - 34	203	227	229	241	213	11.82	0.88	5.24	(11.62)
35 - 39	128	152	168	163	183	18.75	10.53	(2.98)	12.27
40 - 44	82	84	91	102	118	2.44	8.33	12.09	15.69
45 - 49	74	73	81	87	79	(1.35)	10.96	7.41	(9.20)
50 - 54	63	67	73	65	69	6.35	8.96	(10.96)	6.15
55 - 59	41	47	45	52	60	14.63	(4.26)	15.56	15.38
60 - 64	15	18	21	28	28	20.00	16.67	33.33	0.00
65 & Over	16	18	14	13	15	12.50	(22.22)	(7.14)	15.38
Total	745	801	816	844	861	7.52%	1.87%	3.43%	2.01%

Chiropractor Age Group	Average Payments					Percentage Change			
	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006	2003/2002	2004/2003	2005/2004	2006/2005
Under 30	27,210	22,848	24,323	20,202	24,671	(16.03)	6.45	(16.94)	22.12
30 - 34	45,078	38,397	37,890	39,005	39,256	(14.82)	(1.32)	2.94	0.64
35 - 39	52,142	47,903	51,311	50,384	49,555	(8.13)	7.11	(1.81)	(1.65)
40 - 44	70,991	60,056	52,171	48,566	53,041	(15.40)	(13.13)	(6.91)	9.21
45 - 49	69,267	67,237	69,103	68,348	64,608	(2.93)	2.78	(1.09)	(5.47)
50 - 54	65,630	56,684	60,154	60,024	64,870	(13.63)	6.12	(0.22)	8.07
55 - 59	59,692	59,791	59,960	61,627	59,162	0.17	0.28	2.78	(4.00)
60 - 64	90,899	71,178	49,934	52,438	53,789	(21.70)	(29.85)	5.01	2.58
65 & Over	29,419	24,718	69,440	76,936	72,820	(15.98)	180.93	10.79	(5.35)
Total	$51,725	$46,082	$47,841	$47,353	$48,531	-10.91%	3.82%	-1.02%	2.49%

Note: This table reflects fee-for-service data only.

Table 2.2B
Number of Dentists/Oral Surgeons and Average Payments to Dentists/Oral Surgeons within their Age Group for the Service Years Ended March 31, 2002 to March 31, 2006

Dentist/Oral Surgeon Age Group	Number of Dentists/Oral Surgeons					Percentage Change			
	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006	2003/2002	2004/2003	2005/2004	2006/2005
Under 30	17	10	7	11	6	(41.18)	(30.00)	57.14	(45.45)
30 - 34	30	26	18	16	22	(13.33)	(30.77)	(11.11)	37.50
35 - 39	41	46	45	38	33	12.20	(2.17)	(15.56)	(13.16)
40 - 44	49	39	36	34	43	(20.41)	(7.69)	(5.56)	26.47
45 - 49	45	42	39	40	41	(6.67)	(7.14)	2.56	2.50
50 - 54	28	35	32	33	34	25.00	(8.57)	3.13	3.03
55 - 59	20	22	20	23	31	10.00	(9.09)	15.00	34.78
60 - 64	11	7	12	12	13	(36.36)	71.43	0.00	8.33
65 & Over	9	7	7	9	7	(22.22)	0.00	28.57	(22.22)
Total	250	234	216	216	230	-6.40%	-7.69%	0.00%	6.48%

Dentist/Oral Surgeon Age Group	Average Payments					Percentage Change			
	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006	2003/2002	2004/2003	2005/2004	2006/2005
Under 30	119	199	649	894	409	66.97	226.80	37.83	(54.26)
30 - 34	2,136	4,909	7,002	6,523	12,405	129.85	42.63	(6.85)	90.18
35 - 39	7,966	2,332	3,556	8,241	9,635	(70.73)	52.51	131.74	16.92
40 - 44	6,571	13,657	13,233	17,870	15,434	107.82	(3.10)	35.04	(13.63)
45 - 49	12,067	13,065	12,592	13,403	8,023	8.27	(3.62)	6.44	(40.14)
50 - 54	24,840	18,221	21,126	19,442	23,360	(26.65)	15.94	(7.97)	20.15
55 - 59	7,927	17,119	19,883	21,445	23,482	115.95	16.15	7.86	9.49
60 - 64	4,148	6,340	2,564	8,070	9,423	52.85	(59.56)	214.74	16.77
65 & Over	1,167	2,498	5,934	4,547	6,485	114.06	137.59	(23.38)	42.64
Total	$8,672	$10,233	$11,130	$13,165	$14,243	18.00%	8.77%	18.28%	8.19%

Note: This table reflects fee-for-service data only.

Table 2.2C
Number of Optometrists and Average Payments to Optometrists within their Age Group for the Service Years Ended March 31, 2002 to March 31, 2006

Optometrist Age Group	Number of Optometrists					Percentage Change			
	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006	2003/2002	2004/2003	2005/2004	2006/2005
Under 30	52	48	47	53	50	(7.69)	(2.08)	12.77	(5.66)
30 - 34	71	86	86	84	86	21.13	0.00	(2.33)	2.38
35 - 39	36	40	48	55	68	11.11	20.00	14.58	23.64
40 - 44	36	32	31	32	29	(11.11)	(3.13)	3.23	(9.38)
45 - 49	45	44	45	39	38	(2.22)	2.27	(13.33)	(2.56)
50 - 54	32	31	39	38	40	(3.13)	25.81	(2.56)	5.26
55 - 59	31	34	37	33	33	9.68	8.82	(10.81)	0.00
60 - 64	16	16	14	21	25	0.00	(12.50)	50.00	19.05
65 & Over	7	9	11	12	13	28.57	22.22	9.09	8.33
Total	326	340	358	367	382	4.29%	5.29%	2.51%	4.09%

Optometrist Age Group	Average Payments					Percentage Change			
	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006	2003/2002	2004/2003	2005/2004	2006/2005
Under 30	36,879	38,632	41,668	42,820	45,386	4.75	7.86	2.76	5.99
30 - 34	45,326	46,702	49,791	53,587	54,855	3.04	6.62	7.62	2.37
35 - 39	43,026	41,370	40,707	48,626	50,262	(3.85)	(1.60)	19.45	3.36
40 - 44	47,112	47,531	48,266	52,114	56,267	0.89	1.55	7.97	7.97
45 - 49	54,326	54,047	53,726	59,031	59,075	(0.51)	(0.59)	9.87	0.07
50 - 54	46,212	45,682	48,510	54,248	58,574	(1.15)	6.19	11.83	7.98
55 - 59	56,137	55,539	49,964	50,339	50,975	(1.07)	(10.04)	0.75	1.26
60 - 64	26,224	36,224	39,342	48,318	61,726	38.13	8.61	22.82	27.75
65 & Over	26,799	25,967	25,429	17,506	20,495	(3.10)	(2.07)	(31.16)	17.08
Total	$44,944	$45,713	$46,592	$50,034	$52,659	1.71%	1.92%	7.39%	5.25%

Note: This table reflects fee-for-service data only.

Table 2.2D
Number of Podiatrists and Average Payments to Podiatrists within their Age Group for the Service Years Ended March 31, 2002 to March 31, 2006

Podiatrist Age Group	Number of Podiatrists					Percentage Change			
	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006	2003/2002	2004/2003	2005/2004	2006/2005
Under 35	15	12	10	5	4	(20.00)	(16.67)	(50.00)	(20.00)
35 - 39	12	14	16	19	16	16.67	14.29	18.75	(15.79)
40 - 44	7	7	9	10	14	0.00	28.57	11.11	40.00
45 - 49	5	6	5	7	6	20.00	(16.67)	40.00	(14.29)
50 - 54	4	5	7	4	3	25.00	40.00	(42.86)	(25.00)
55 & Over	5	6	6	6	7	20.00	0.00	0.00	16.67
Total	48	50	53	51	50	4.17%	6.00%	-3.77%	-1.96%

Podiatrist Age Group	Average Payments					Percentage Change			
	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006	2003/2002	2004/2003	2005/2004	2006/2005
Under 35	140,868	154,447	113,058	123,458	113,765	9.64	(26.80)	9.20	(7.85)
35 - 39	146,647	143,923	163,618	144,684	162,630	(1.86)	13.68	(11.57)	12.40
40 - 44	142,352	154,388	158,694	167,149	151,933	8.46	2.79	5.33	(9.10)
45 - 49	101,144	101,436	115,237	125,412	141,465	0.29	13.61	8.83	12.80
50 - 54	133,588	120,581	99,483	131,127	125,309	(9.74)	(17.50)	31.81	(4.44)
55 & Over	124,366	117,549	116,652	130,995	139,162	(5.48)	(0.76)	12.30	6.23
Total	$136,066	$137,316	$134,890	$141,689	$147,661	0.92%	-1.77%	5.04%	4.21%

Note: This table reflects fee-for-service data only.

Table 2.3
Distribution of Physician and Allied Practitioner Payments and Services per Patient for the Service Year April 1, 2005 to March 31, 2006[1]

Practitioner Type	Total Payments	Number of Services	Average Cost per Service	Number of Discrete Patients[2]	Average Cost per Discrete Patient	Average Number of Services per Discrete Patient
Physicians	1,472,634,054	33,428,098	44.05	2,789,879	527.85	12
Dentists/Oral Surgeons	3,275,978	17,007	192.63	11,654	281.10	1
Chiropractors	41,785,422	3,198,845	13.06	465,029	89.86	7
Optometrists	20,115,918	469,263	42.87	376,050	53.49	1
Podiatrists	7,383,045	293,254	25.18	92,954	79.43	3
Total	$1,545,194,417	37,406,467		2,881,046		
Averages Based on Totals			$41.31		536.33	13

Note: This table reflects fee-for-service data only.

(1) The sums of the payments may not match the totals due to rounding.

(2) "Number of Discrete Patients" contains the actual count of patients receiving at least one service. The total represents a discrete count of patients within all practitioner types.

Table 2.4
Total Number of Services Provided by Physicians and Allied Practitioners for the Service Years Ended March 31, 2002 to March 31, 2006

Practitioner Type	Number of Services					Percentage Change			
	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006	2003/2002	2004/2003	2005/2004	2006/2005
Physicians	27,842,671	29,328,923	30,044,400	31,683,660	33,428,098	5.34	2.44	5.46	5.51
Dentists/Oral Surgeons	14,585	16,759	14,802	14,658	17,007	14.91	(11.68)	(0.97)	16.03
Chiropractors	3,043,585	2,916,471	3,040,001	3,052,733	3,198,845	(4.18)	4.24	0.42	4.79
Optometrists	398,550	420,149	431,148	440,891	469,263	5.42	2.62	2.26	6.44
Podiatrists	274,817	286,872	292,035	288,280	293,254	4.39	1.80	(1.29)	1.73
Total	31,574,208	32,969,174	33,822,386	35,480,222	37,406,467	4.42%	2.59%	4.90%	5.43%

Note: This table reflects fee-for-service data only.

Table 2.5A
Distribution of Optometry Payments and Services per Patient for Recipients 0 to 18 Years of Age for the Service Years Ended March 31, 2002 to March 31, 2006

Year	Total Optometry Payments	Number of Optometry Services	Average Cost per Service	Number of Discrete Patients[1]	Average Cost per Discrete Patient	Number of Services per Patient	Population Covered
2001/2002	$9,098,288	251,481	$36.18	218,622	$41.62	1.15	819,846
2002/2003	$10,010,029	274,109	$36.52	233,597	$42.85	1.17	820,551
2003/2004	$10,439,408	275,355	$37.91	236,503	$44.14	1.16	820,336
2004/2005	$11,427,267	280,094	$40.80	240,976	$47.42	1.16	821,643
2005/2006	$11,979,569	285,371	$41.98	249,878	$47.94	1.14	829,528

Note: This table reflects fee-for-service data only.

(1) "Number of Discrete Patients" contains the actual count of patients receiving at least one service.

Table 2.5B
Distribution of Optometry Payments and Services per Patient for Recipients 65 Years of Age and Older for the Service Years Ended March 31, 2002 to March 31, 2006

Year	Total Optometry Payments	Number of Optometry Services	Average Cost per Service	Number of Discrete Patients[1]	Average Cost per Discrete Patient	Number of Services per Patient	Population Covered
2001/2002	$5,553,419	147,069	$37.76	97,492	$56.96	1.51	315,415
2002/2003	$5,532,274	146,040	$37.88	96,426	$57.37	1.51	323,311
2003/2004	$6,240,498	155,793	$40.06	104,866	$59.51	1.49	330,720
2004/2005	$6,935,096	160,797	$43.13	108,889	$63.69	1.48	339,216
2005/2006	$8,136,349	183,892	$44.25	126,172	$64.49	1.46	349,890

Note: This table reflects fee-for-service data only.

(1) "Number of Discrete Patients" contains the actual count of patients receiving at least one service.

Table 2.6
Total and Average Gross Payments to Physicians and Allied Practitioners by Practitioner Type for the Service Years Ended March 31, 2002 to March 31, 2006[1]

Practitioner Type	Number of Practitioners					Percentage Change			
	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006	2003/2002	2004/2003	2005/2004	2006/2005
Physicians	5,079	5,206	5,363	5,501	5,585	2.50	3.02	2.57	1.53
Dentists/Oral Surgeons	250	234	216	216	230	(6.40)	(7.69)	0.00	6.48
Chiropractors	745	801	816	844	861	7.52	1.87	3.43	2.01
Optometrists	326	340	358	367	382	4.29	5.29	2.51	4.09
Podiatrists	48	50	53	51	50	4.17	6.00	(3.77)	(1.96)
Total	6,448	6,631	6,806	6,979	7,108	2.84%	2.64%	2.54%	1.85%

Practitioner Type	Total Payments					Percentage Change			
	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006	2003/2002	2004/2003	2005/2004	2006/2005
Physicians	1,061,169,693	1,225,626,637	1,272,779,982	1,348,724,184	1,472,634,054	15.50	3.85	5.97	9.19
Dentists/Oral Surgeons	2,167,898	2,394,458	2,404,042	2,843,638	3,275,978	10.45	0.40	18.29	15.20
Chiropractors	38,535,026	36,911,951	39,038,527	39,966,107	41,785,422	(4.21)	5.76	2.38	4.55
Optometrists	14,651,707	15,542,303	16,679,907	18,362,362	20,115,918	6.08	7.32	10.09	9.55
Podiatrists	6,531,145	6,865,822	7,149,189	7,226,135	7,383,045	5.12	4.13	1.08	2.17
Total	$1,123,055,469	$1,287,341,171	$1,338,051,646	$1,417,122,426	$1,545,194,417	14.63%	3.94%	5.91%	9.04%

Practitioner Type	Average Payment					Percentage Change			
	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006	2003/2002	2004/2003	2005/2004	2006/2005
Physicians	208,933	235,426	237,326	245,178	263,677	12.68	0.81	3.31	7.54
Dentists/Oral Surgeons	8,672	10,233	11,130	13,165	14,243	18.00	8.77	18.29	8.19
Chiropractors	51,725	46,082	47,841	47,353	48,531	(10.91)	3.82	(1.02)	2.49
Optometrists	44,944	45,713	46,592	50,034	52,659	1.71	1.92	7.39	5.25
Podiatrists	136,066	137,316	134,890	141,689	147,661	0.92	(1.77)	5.04	4.21
Total	$174,171	$194,140	$196,599	$203,055	$217,388	11.46%	1.27%	3.28%	7.06%

Note: This table reflects fee-for-service data only.

(1) The sums of the payments may not match the totals due to rounding.

Table 2.7
Distribution of Physicians and Allied Practitioners by Gross Payment Range for the Service Years Ended March 31, 2002 to March 31, 2006[1]

Dollar Range	Total					Physicians					Dentists/Oral Surgeons				
	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006
Less than $10,000	540	551	561	568	570	210	220	252	271	271	219	198	182	178	192
10,000- 19,999	238	277	295	310	278	122	142	159	163	134	10	13	9	12	11
20,000- 39,999	524	523	559	554	545	257	241	262	255	237	4	4	7	5	4
40,000- 59,999	489	526	508	514	508	251	210	209	221	226	2	7	3	3	2
60,000- 79,999	466	421	454	458	434	277	243	260	246	204	7	5	8	5	5
80,000- 99,999	399	326	339	335	328	291	255	247	231	206	4	1	2	6	6
100,000-119,999	329	299	297	309	291	284	253	252	255	233		1	1	3	5
120,000-139,999	335	271	283	296	293	302	243	252	268	259	1	1	1	1	
140,000-159,999	320	296	293	281	270	298	282	277	260	252					1
160,000-179,999	307	283	269	248	265	299	274	264	243	256		1			1
180,000-199,999	288	270	269	247	276	284	265	263	242	270	1				
200,000-299,999	1,175	1,224	1,243	1,309	1,224	1,167	1,216	1,232	1,299	1,214	2	2	3	2	1
300,000-399,999	574	697	697	748	863	574	696	696	746	862		1		1	1
400,000-499,999	194	301	332	354	432	194	301	332	354	431					1
500,000-599,999	87	113	132	150	190	87	112	132	150	189					
600,000-699,999	80	80	78	81	98	79	80	77	80	98					
700,000-799,999	28	58	70	54	72	28	58	70	54	72					
800,000-899,999	19	36	34	43	33	19	36	34	43	33					
900,000-999,999	7	18	22	36	34	7	18	22	36	34					
1,000,000 & Over	49	61	71	84	104	49	61	71	84	104					
Total	6,448	6,631	6,806	6,979	7,108	5,079	5,206	5,363	5,501	5,585	250	234	216	216	230

Note: This table reflects fee-for-service data only.

(1) A blank cell represents a zero value.

Continued...

Table 2.7
Distribution of Physicians and Allied Practitioners by Gross Payment Range for the Service Years Ended March 31, 2002 to March 31, 2006[1]

Dollar Range	Chiropractors					Optometrists					Podiatrists				
	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006
Less than $10,000	93	101	88	90	77	16	30	36	28	30	2	2	3	1	
10,000- 19,999	71	99	98	99	101	35	23	29	34	32				2	
20,000- 39,999	161	185	198	208	219	100	91	90	86	84	2	2	2		1
40,000- 59,999	147	193	194	194	193	87	115	98	92	84	2	1	4	4	3
60,000- 79,999	126	116	116	131	136	55	53	68	75	86	1	4	2	1	3
80,000- 99,999	75	48	64	64	75	27	18	21	28	38	2	4	5	6	3
100,000-119,999	33	34	30	36	31	5	8	11	13	14	7	3	3	2	8
120,000-139,999	23	17	20	13	20	1	1	4	7	9	8	9	6	7	5
140,000-159,999	10	4	3	5	5		1	1	4	3	12	9	12	12	9
160,000-179,999	4	2	1	0	1					2	4	6	4	5	5
180,000-199,999	1	1	2	2	2						2	4	4	3	4
200,000-299,999			1	1							6	6	7	7	9
300,000-399,999													1	1	
400,000-499,999															
500,000-599,999		1			1										
600,000-699,999	1		1	1											
700,000-799,999															
800,000-899,999															
900,000-999,999															
1,000,000 & Over															
Total	745	801	816	844	861	326	340	358	367	382	48	50	53	51	50

Note: This table reflects fee-for-service data only.

(1) A blank cell represents a zero value.

Table 2.8
Distribution of Physician Payments and Services per Patient for the Service Years Ended March 31, 2002 to March 31, 2006

Year	Total Physician Payments	Number of Services	Average Cost per Service	Number of Discrete Patients[1]	Average Cost per Discrete Patient	Number of Services per Patient	Population Covered
2001/2002	$1,061,169,693	27,842,671	$38.11	2,601,914	$407.84	10.70	3,072,384
2002/2003	$1,225,626,637	29,328,923	$41.79	2,642,193	$463.87	11.10	3,124,487
2003/2004	$1,272,779,982	30,044,400	$42.36	2,689,453	$473.25	11.17	3,165,157
2004/2005	$1,348,724,184	31,683,660	$42.57	2,728,340	$494.34	11.61	3,210,035
2005/2006	$1,472,634,054	33,428,098	$44.05	2,789,879	$527.85	11.98	3,275,931
Percentage Change 2006/2005	9.19	5.51	3.49	2.26	6.78	3.18	2.05
Annual Average % Change for Last 5 Years	8.54	4.68	3.69	1.76	6.66	2.87	1.62

Note: This table reflects fee-for-service data only.

(1) "Number of Discrete Patients" contains the actual count of patients receiving at least one service.

Table 2.9
Distribution of Discrete Patients by Payment Range for Services Provided by Physicians for the Service Year April 1, 2005 to March 31, 2006

Dollar Range	Distribution of		
	Discrete Patients[1]	Payments	Services
$ 0.01 - 50.00	289,621	8,889,370	301,562
50.01 - 100.00	429,362	31,318,039	921,396
100.01 - 200.00	534,613	78,103,643	2,179,057
200.01 - 300.00	357,682	88,030,201	2,351,791
300.01 - 400.00	241,751	83,986,983	2,164,029
400.01 - 500.00	175,597	78,546,738	1,974,786
500.01 - 600.00	127,237	69,669,923	1,711,565
600.01 - 700.00	95,951	62,140,100	1,497,828
700.01 - 800.00	74,179	55,489,994	1,314,277
800.01 - 900.00	58,102	49,275,596	1,144,486
900.01 - 1,000.00	47,395	44,952,362	1,021,360
1,000.01 - 2,000.00	224,353	311,843,801	6,660,596
2,000.01 - 3,000.00	70,550	170,796,481	3,444,584
3,000.01 - 4,000.00	28,654	98,322,184	1,989,867
4,000.01 - 5,000.00	13,295	59,033,172	1,221,043
5,000.01 & Over	21,537	182,235,469	3,529,871
Total	2,789,879	$1,472,634,054	33,428,098

Note: This table reflects fee-for-service data only.

(1) "Number of Discrete Patients" contains the actual count of patients who received at least one medical service during the fiscal year.

Table 2.9A
Percentage Distribution of Discrete Patients by Payment Range for Services Provided by Physicians for the Service Year April 1, 2005 to March 31, 2006

Dollar Range	Percentage Distribution		
	Discrete Patients[1]	Payments	Services
$ 0.01 - 50.00	10.38	0.60	0.90
50.01 - 100.00	15.39	2.13	2.76
100.01 - 200.00	19.16	5.30	6.52
200.01 - 300.00	12.82	5.98	7.04
300.01 - 400.00	8.67	5.70	6.47
400.01 - 500.00	6.29	5.33	5.91
500.01 - 600.00	4.56	4.73	5.12
600.01 - 700.00	3.44	4.22	4.48
700.01 - 800.00	2.66	3.77	3.93
800.01 - 900.00	2.08	3.35	3.42
900.01 - 1,000.00	1.70	3.05	3.06
1,000.01 - 2,000.00	8.04	21.18	19.93
2,000.01 - 3,000.00	2.53	11.60	10.30
3,000.01 - 4,000.00	1.03	6.68	5.95
4,000.01 - 5,000.00	0.48	4.01	3.65
5,000.01 & Over	0.77	12.37	10.56
Total	100.00	100.00	100.00

Note: This table reflects fee-for-service data only.

(1) "Number of Discrete Patients" contains the percentage of the actual count of patients who received at least one medical service during the fiscal year.

Table 2.10
Distribution of Physicians by Specialty
for the Service Years Ended March 31, 2002 to March 31, 2006

Physicians by Specialty	Number of Practitioners				
	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006
Total: All Physicians	5,079	5,206	5,363	5,501	5,585
Subtotal:					
All Physicians (except Pathology)	5,057	5,187	5,343	5,481	5,562
All Specialists (except GP/FPs & Pathology)	2,311	2,346	2,406	2,455	2,440
Physicians by Specialty					
Anaesthesiology	245	262	260	281	291
Cardiovascular and Thoracic Surgery	21	22	22	22	25
Dermatology	36	34	34	40	39
Emergency Medicine	61	62	65	68	72
General/Family Physicians (GP/FPs)	2,746	2,841	2,937	3,026	3,122
- General/Family Physicians	2,594	2,669	2,760	2,845	2,937
- Full Time Emergency Room Physicians	128	143	150	157	160
- Mental Health Generalists	16	19	19	18	18
- Other General Practice Physicians[1]	8	10	8	6	7
General Surgery	142	144	150	155	157
- General Surgery designated specialty	129	131	137	139	141
- Other General Surgery	13	13	13	16	16
Internal Medicine	510	483	515	507	437
- Internal Medicine designated specialty	323	256	263	246	214
- Cardiology	57	63	66	61	50
- Endocrinology/Metabolism	7	7	7	7	2
- Gastroenterology	31	40	44	45	36
- Infectious Diseases	11	10	10	15	11
- Other Internal Medicine	81	107	125	133	124
Neurology	64	58	63	62	68
Neurosurgery	21	23	11	6	7
Obstetrics-Gynaecology	124	130	138	143	149
Ophthalmology	85	87	87	90	94
Orthopaedic Surgery	106	113	115	117	125
Otolaryngology	33	35	40	41	41
Paediatrics	227	236	229	223	216
Physical Medicine & Rehabilitation	26	28	29	30	29
Plastic Surgery	38	42	44	44	47
Psychiatry	317	320	329	342	352
- Psychiatry designated specialty	299	306	318	342	352
- Mental Health specialty	18	14	11	N/A	N/A
Urology	36	35	36	43	45
Laboratory Specialists	241	251	259	261	269
- Pathology	22	19	20	20	23
- Radiology	219	232	239	241	246

Note: This table reflects fee-for-service data only.

(1) Other General Practice Physicians refers to community medicine, geriatric medicine and and occupational medicine.

Table 2.10A
Distribution of Average Gross Payments
for the Service Years Ended March 31, 2002 to March 31, 2006[1]

Physicians by Specialty	Average Payment					Percentage Change			
	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006	2003/2002	2004/2003	2005/2004	2006/2005
Total: All Physicians	$208,933	$235,426	$237,326	$245,178	$263,677	12.68%	0.81%	3.31%	7.54%
Subtotal:									
All Physicians (except Pathology)	209,271	235,504	237,395	245,182	263,752	12.54	0.80	3.28	7.57
All Specialists (except GP/FPs & Pathology)	252,793	288,969	292,380	304,239	334,368	14.31	1.18	4.06	9.90
Physicians by Specialty									
Anaesthesiology	215,243	235,856	250,858	250,467	262,975	9.58	6.36	(0.16)	4.99
Cardiovascular and Thoracic Surgery	482,665	533,865	548,864	526,835	518,261	10.61	2.81	(4.01)	(1.63)
Dermatology	396,739	480,242	493,553	487,498	565,833	21.05	2.77	(1.23)	16.07
Emergency Medicine	147,411	178,498	164,810	171,518	188,638	21.09	(7.67)	4.07	9.98
General/Family Physicians (GP/FPs)	172,643	191,354	192,352	197,269	208,562	10.84	0.52	2.56	5.72
- General/Family Physicians	173,515	192,361	193,346	197,521	207,617	10.86	0.51	2.16	5.11
- Full Time Emergency Room Physicians	165,081	185,968	179,229	196,961	232,440	n.a.	n.a.	n.a.	18.01
- Mental Health Generalists	139,951	146,280	189,103	201,927	197,192	4.52	29.27	6.78	(2.34)
- Other General Practice Physicians[2]	76,233	85,231	103,109	71,755	88,439	11.80	20.98	(30.41)	23.25
General Surgery	274,810	317,109	315,223	322,037	340,271	15.39	(0.59)	2.16	5.66
- General Surgery designated specialty	275,892	314,859	313,119	326,086	343,368	14.12	(0.55)	4.14	5.30
- Other General Surgery	264,074	339,777	337,398	286,859	312,974	28.67	(0.70)	(14.98)	9.10
Internal Medicine	217,531	246,196	245,007	244,325	300,025	13.18	(0.48)	(0.28)	22.80
- Internal Medicine designated specialty	187,563	213,110	218,624	210,232	235,310	13.62	2.59	(3.84)	11.93
- Cardiology	422,672	465,895	464,413	519,419	662,565	10.23	(0.32)	11.84	27.56
- Endocrinology/Metabolism	81,283	121,532	123,705	N/A	N/A	49.52	1.79	N/A	N/A
- Gastroenterology	275,359	288,611	273,610	251,750	307,171	4.81	(5.20)	(7.99)	22.01
- Infectious Diseases	93,202	77,036	71,814	53,617	69,336	(17.35)	(6.78)	(25.34)	29.32
- Other Internal Medicine	199,204	204,109	195,251	210,851	288,752	2.46	(4.34)	7.99	36.95
Neurology	138,092	169,147	158,331	181,869	169,392	22.49	(6.39)	14.87	(6.86)
Neurosurgery	230,187	226,522	20,001	N/A	N/A	(1.59)	(91.17)	N/A	N/A
Obstetrics-Gynaecology	303,457	349,249	349,992	363,105	379,155	15.09	0.21	3.75	4.42
Ophthalmology	508,304	566,680	592,035	599,613	622,174	11.48	4.47	1.28	3.76
Orthopaedic Surgery	255,405	270,387	282,137	305,382	322,215	5.87	4.35	8.24	5.51
Otolaryngology	441,012	498,151	461,734	490,010	526,027	12.96	(7.31)	6.12	7.35
Paediatrics	139,214	149,438	140,337	145,548	160,456	7.34	(6.09)	3.71	10.24
Physical Medicine & Rehabilitation	94,196	110,263	111,880	124,001	139,223	17.06	1.47	10.83	12.28
Plastic Surgery	288,808	321,137	335,632	339,758	344,828	11.19	4.51	1.23	1.49
Psychiatry	167,590	199,280	200,098	207,799	226,401	18.91	0.41	3.85	8.95
- Psychiatry designated specialty	168,914	199,608	200,062	207,799	226,401	18.17	0.23	3.87	8.95
- Mental Health specialty	145,591	192,111	201,113	N/A	N/A	31.95	4.69	N/A	N/A
Urology	315,435	376,983	376,828	349,112	367,567	19.51	(0.04)	(7.36)	5.29
Laboratory Specialists	437,112	517,771	537,165	592,154	640,121	18.45	3.75	10.24	8.10
- Pathology	131,230	214,164	218,876	244,057	245,447	63.20	2.20	11.50	0.57
- Radiology	467,839	542,635	563,800	621,042	677,022	15.99	3.90	10.15	9.01

Note: This table reflects fee-for-service data only.

(1) The average payments and percentage change for fee-for-services reflect the fact that some physician specialties are now being paid primarily through ARPs rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.

(2) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

Table 2.10B
Distribution of Median Gross Payments
for the Service Years Ended March 31, 2002 to March 31, 2006[1]

Physicians by Specialty	Median Payment					Percentage Change			
	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006	2003/2002	2004/2003	2005/2004	2006/2005
Total: All Physicians	$175,783	$198,493	$198,980	$206,290	$219,552	12.92%	0.25%	3.67%	6.43%
Subtotal:									
All Physicians (except Pathology)	176,336	198,931	199,520	206,903	219,903	12.81	0.30	3.70	6.28
All Specialists (except GP/FPs & Pathology)	202,150	235,256	237,148	244,664	272,349	16.38	0.80	3.17	11.32
Physicians by Specialty									
Anaesthesiology	230,781	254,766	265,629	259,428	262,510	10.39	4.26	(2.33)	1.19
Cardiovascular and Thoracic Surgery	516,373	574,274	581,377	524,139	527,897	11.21	1.24	(9.85)	0.72
Dermatology	359,685	413,839	449,449	438,569	543,800	15.06	8.60	(2.42)	23.99
Emergency Medicine	137,042	169,125	156,243	161,205	180,514	23.41	(7.62)	3.18	11.98
General/Family Physicians (GP/FPs)	164,939	181,436	182,226	188,092	196,813	10.00	0.44	3.22	4.64
- General/Family Physicians	165,116	181,598	182,597	187,290	193,458	9.98	0.55	2.57	3.29
- Full Time Emergency Room Physicians	170,658	193,172	177,809	202,451	235,446	n.a.	n.a.	13.86	16.30
- Mental Health Generalists	162,645	152,953	193,058	228,259	211,694	(5.96)	26.22	18.23	(7.26)
- Other General Practice Physicians[2]	8,241	2,610	66,896	59,645	111,737	(68.33)	2463.17	(10.84)	87.34
General Surgery	313,357	333,661	327,550	337,241	347,241	6.48	(1.83)	2.96	2.97
- General Surgery designated specialty	321,593	332,580	322,339	339,697	347,702	3.42	(3.08)	5.39	2.36
- Other General Surgery	275,351	334,741	333,538	308,489	306,219	21.57	(0.36)	(7.51)	(0.74)
Internal Medicine	152,032	181,545	173,216	144,555	241,416	19.41	(4.59)	(16.55)	67.01
- Internal Medicine designated specialty	135,979	167,766	164,429	136,501	187,174	23.38	(1.99)	(16.99)	37.12
- Cardiology	391,169	367,863	410,715	553,138	636,507	(5.96)	11.65	34.68	15.07
- Endocrinology/Metabolism	68,619	125,102	128,825	N/A	N/A	82.32	2.98	N/A	N/A
- Gastroenterology	269,451	309,456	273,574	154,561	307,718	14.85	(11.60)	(43.50)	99.09
- Infectious Diseases	72,588	55,149	59,318	49,543	65,987	(24.02)	7.56	(16.48)	33.19
- Other Internal Medicine	142,293	156,874	132,205	120,358	212,437	10.25	(15.73)	(8.96)	76.50
Neurology	112,291	147,262	154,900	183,059	151,177	31.14	5.19	18.18	(17.42)
Neurosurgery	246,880	240,971	20,001	N/A	N/A	(2.39)	(91.70)	N/A	N/A
Obstetrics-Gynaecology	270,979	323,753	309,387	344,093	354,268	19.48	(4.44)	11.22	2.96
Ophthalmology	449,006	474,143	507,175	498,291	529,181	5.60	6.97	(1.75)	6.20
Orthopaedic Surgery	290,831	298,866	307,811	321,064	334,523	2.76	2.99	4.31	4.19
Otolaryngology	423,991	460,972	467,438	471,779	510,524	8.72	1.40	0.93	8.21
Paediatrics	102,887	108,222	85,858	103,909	123,417	5.18	(20.66)	21.02	18.78
Physical Medicine & Rehabilitation	81,064	102,701	102,221	112,857	127,262	26.69	(0.47)	10.40	12.76
Plastic Surgery	295,454	335,401	358,181	356,038	365,567	13.52	6.79	(0.60)	2.68
Psychiatry	160,307	196,330	200,048	205,354	219,090	22.47	1.89	2.65	6.69
- Psychiatry designated specialty	161,230	195,242	199,784	205,354	219,090	21.09	2.33	2.79	6.69
- Mental Health specialty	133,647	198,228	208,056	N/A	N/A	48.32	4.96	N/A	N/A
Urology	326,676	385,064	389,516	361,810	382,561	17.87	1.16	(7.11)	5.74
Laboratory Specialists	312,376	406,216	430,466	467,977	466,773	30.04	5.97	8.71	(0.26)
- Pathology	1,850	1,704	2,253	2,028	2,895	(7.93)	32.27	(9.98)	42.71
- Radiology	392,726	460,931	462,177	486,886	502,006	17.37	0.27	5.35	3.11

Note: This table reflects fee-for-service data only.

(1) The average payments and percentage change for fee-for-services reflect the fact that some physician specialties are now being paid primarily through ARPs rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.

(2) Other General Practice Physicians refers to community medicine, geriatric medicine and and occupational medicine.

Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2005 to March 31, 2006[1]

Dollar Range	All Physicians		All Physicians (except Pathology)		All Specialties (except General/Family Physicians and Pathology)	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	917,204	271	874,195	254	401,509	147
10,000- 19,999	1,979,118	134	1,979,118	134	960,053	64
20,000- 39,999	7,076,361	237	7,053,905	236	2,675,999	89
40,000- 59,999	11,276,400	226	11,276,400	226	4,714,593	95
60,000- 79,999	14,357,441	204	14,279,882	203	5,238,023	75
80,000- 99,999	18,599,742	206	18,599,742	206	6,014,376	66
100,000-119,999	25,616,258	233	25,616,258	233	8,306,376	75
120,000-139,999	33,836,988	259	33,836,988	259	11,734,235	90
140,000-159,999	37,855,571	252	37,855,571	252	11,727,641	78
160,000-179,999	43,485,518	256	43,485,518	256	12,397,354	73
180,000-199,999	51,429,757	270	51,429,757	270	15,447,132	81
200,000-299,999	300,879,235	1,214	300,618,240	1,213	103,981,774	414
300,000-399,999	296,412,036	862	296,412,036	862	134,184,657	388
400,000-499,999	192,685,399	431	192,685,399	431	115,006,724	256
500,000-599,999	102,773,277	189	102,773,277	189	78,424,195	144
600,000-699,999	62,526,444	98	62,526,444	98	49,900,377	78
700,000-799,999	54,180,022	72	54,180,022	72	48,107,572	64
800,000-899,999	28,439,013	33	28,439,013	33	26,741,988	31
900,000-999,999	32,262,227	34	32,262,227	34	30,392,508	32
1,000,000 & Over	156,046,042	104	150,804,784	101	149,500,429	100
Total	$1,472,634,054	5,585	$1,466,988,776	5,562	$815,857,517	2,440

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2005 to March 31, 2006[1]

Dollar Range	Anaesthesiology		Cardiovascular and Thoracic Surgery		Dermatology	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	41,645	6	6,279	1	565	1
10,000- 19,999	31,224	2				
20,000- 39,999	183,250	6			20,177	1
40,000- 59,999	108,185	2	55,105	1	89,940	2
60,000- 79,999	480,221	7				
80,000- 99,999	351,659	4				
100,000-119,999	991,768	9				
120,000-139,999	1,851,098	14	126,223	1		
140,000-159,999	1,490,278	10			153,057	1
160,000-179,999	1,387,194	8	167,483	1		
180,000-199,999	3,060,926	16	193,495	1		
200,000-299,999	27,057,793	106	443,970	2	781,222	3
300,000-399,999	24,344,915	71	1,079,503	3	1,825,516	5
400,000-499,999	9,384,216	21	484,280	1	2,105,132	5
500,000-599,999	2,676,677	5	2,704,940	5	3,359,025	6
600,000-699,999	1,256,220	2	3,172,104	5	652,357	1
700,000-799,999			785,071	1	7,568,874	10
800,000-899,999	892,061	1				
900,000-999,999	936,470	1			958,371	1
1,000,000 & Over			3,738,083	3	4,553,260	3
Total	$76,525,802	291	$12,956,535	25	$22,067,497	39

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2005 to March 31, 2006[1]

Dollar Range	Emergency Medicine		All General/Family Physicians		All General Surgery	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	7,708	2	472,686	107	7,769	1
10,000- 19,999			1,019,066	70	95,948	7
20,000- 39,999	100,527	3	4,377,906	147	108,411	4
40,000- 59,999	272,621	5	6,561,807	131	90,596	2
60,000- 79,999	211,015	3	9,041,859	128	135,328	2
80,000- 99,999	372,183	4	12,585,366	140	193,480	2
100,000-119,999	684,409	6	17,309,882	158	202,705	2
120,000-139,999	786,645	6	22,102,753	169	509,174	4
140,000-159,999	434,937	3	26,127,931	174	462,014	3
160,000-179,999	681,691	4	31,088,165	183	170,459	1
180,000-199,999	957,143	5	35,982,625	189	1,130,517	6
200,000-299,999	5,082,720	21	196,636,466	799	6,776,218	28
300,000-399,999	2,452,188	7	162,227,379	474	12,873,300	37
400,000-499,999	407,978	1	77,678,675	175	12,543,708	28
500,000-599,999	1,130,185	2	24,349,082	45	8,446,601	16
600,000-699,999			12,626,067	20	5,626,476	9
700,000-799,999			6,072,449	8	2,201,957	3
800,000-899,999			1,697,024	2	831,775	1
900,000-999,999			1,869,719	2		
1,000,000 & Over			1,304,354	1	1,016,067	1
Total	$13,581,951	72	$651,131,259	3,122	$53,422,503	157

Note: This table reflects fee-for-service data only.

Continued...

Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2005 to March 31, 2006[1]

Dollar Range	All Internal Medicine		Neurology		Neurosurgery	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	78,730	48	11,828	9	12,331	3
10,000- 19,999	331,101	21	30,169	2	10,173	1
20,000- 39,999	632,897	20	122,620	4	35,321	1
40,000- 59,999	1,279,317	26	246,097	5	49,108	1
60,000- 79,999	1,640,171	23	192,259	3	60,577	1
80,000- 99,999	803,227	9	362,475	4		
100,000-119,999	1,233,003	11	215,451	2		
120,000-139,999	1,838,592	14				
140,000-159,999	1,080,342	7	879,284	6		
160,000-179,999	2,037,151	12	507,611	3		
180,000-199,999	1,715,072	9	767,123	4		
200,000-299,999	12,584,347	49	3,412,995	14		
300,000-399,999	19,785,076	57	2,664,489	8		
400,000-499,999	17,625,243	39	953,206	2		
500,000-599,999	17,336,267	31	508,270	1		
600,000-699,999	15,975,772	25	644,759	1		
700,000-799,999	11,974,827	16				
800,000-899,999	4,369,431	5				
900,000-999,999	4,825,505	5				
1,000,000 & Over	13,964,738	10				
Total	$131,110,808	437	$11,518,636	68	$167,510	7

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2005 to March 31, 2006[1]

Dollar Range	Obstetrics-Gynaecology		Ophthalmology		Orthopaedic Surgery	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	8,186	3	2,007	1	13,456	2
10,000- 19,999	27,758	2	38,283	2	74,642	5
20,000- 39,999	120,179	4	104,093	3	146,426	6
40,000- 59,999	191,579	4	90,234	2	46,944	1
60,000- 79,999	492,359	7			132,483	2
80,000- 99,999	167,569	2	98,414	1	85,141	1
100,000-119,999	207,313	2			442,264	4
120,000-139,999	652,969	5	256,126	2	403,171	3
140,000-159,999	451,515	3	152,954	1	457,277	3
160,000-179,999	508,202	3	678,145	4	335,977	2
180,000-199,999	1,144,757	6	384,959	2	759,104	4
200,000-299,999	5,641,508	22	1,135,875	4	4,258,723	17
300,000-399,999	7,679,354	22	3,280,778	9	10,307,439	30
400,000-499,999	12,164,890	27	6,196,457	14	12,293,607	27
500,000-599,999	8,845,772	16	5,445,315	10	6,364,161	12
600,000-699,999	3,151,714	5	5,234,692	8	2,583,769	4
700,000-799,999	2,990,416	4	4,533,595	6	1,572,336	2
800,000-899,999	4,278,014	5	2,456,572	3		
900,000-999,999	2,783,164	3	2,817,859	3		
1,000,000 & Over	4,986,808	4	25,578,016	19		
Total	$56,494,026	149	$58,484,373	94	$40,276,918	125

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2005 to March 31, 2006[1]

Dollar Range	Otolaryngology		Paediatrics		Physical Medicine and Rehabilitation	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000			103,267	43	4,378	1
10,000- 19,999			193,209	13	30,232	2
20,000- 39,999			330,480	11	24,131	1
40,000- 59,999			572,541	11	41,882	1
60,000- 79,999	73,334	1	717,470	10	79,832	1
80,000- 99,999	90,757	1	932,044	10	278,083	3
100,000-119,999	102,288	1	666,403	6	462,763	4
120,000-139,999	139,505	1	1,812,865	14	507,406	4
140,000-159,999	305,903	2	1,498,352	10	594,991	4
160,000-179,999			2,181,553	13	342,013	2
180,000-199,999	198,721	1	751,737	4	194,469	1
200,000-299,999	586,106	2	6,876,978	28	728,129	3
300,000-399,999	2,482,307	7	7,509,678	22	344,196	1
400,000-499,999	1,327,224	3	7,606,477	17	404,966	1
500,000-599,999	3,726,050	7	518,652	1		
600,000-699,999	1,851,558	3				
700,000-799,999	2,152,751	3	1,485,478	2		
800,000-899,999	4,295,159	5				
900,000-999,999	916,698	1	901,417	1		
1,000,000 & Over	3,318,767	3				
Total	$21,567,126	41	$34,658,599	216	$4,037,472	29

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2005 to March 31, 2006[1]

Dollar Range	Plastic Surgery		All Psychiatry		Urology	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000			10,260	2		
10,000- 19,999	15,536	1	58,979	4		
20,000- 39,999	25,156	1	511,081	17	29,626	1
40,000- 59,999			1,045,153	21	89,212	2
60,000- 79,999	201,755	3	676,321	10		
80,000- 99,999	81,418	1	1,645,944	18	96,442	1
100,000-119,999	102,595	1	2,214,802	20	102,429	1
120,000-139,999	262,731	2	2,323,079	18		
140,000-159,999	158,190	1	2,677,867	18		
160,000-179,999			2,208,617	13	515,118	3
180,000-199,999			3,616,134	19		
200,000-299,999	1,274,511	5	22,643,380	91	494,554	2
300,000-399,999	4,172,645	12	21,716,725	64	5,269,054	15
400,000-499,999	7,316,084	16	11,071,961	25	4,390,038	10
500,000-599,999	522,181	1	4,358,043	8	4,282,798	8
600,000-699,999	1,331,454	2	1,292,730	2	1,271,255	2
700,000-799,999	742,639	1	708,655	1		
800,000-899,999						
900,000-999,999			913,251	1		
1,000,000 & Over						
Total	$16,206,895	47	$79,692,984	352	$16,540,524	45

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2005 to March 31, 2006[1]

Dollar Range	Pathology		Radiology	
	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	43,010	17	93,100	24
10,000- 19,999			22,798	2
20,000- 39,999	22,456	1	181,626	6
40,000- 59,999			446,080	9
60,000- 79,999	77,559	1	144,899	2
80,000- 99,999			455,543	5
100,000-119,999			678,184	6
120,000-139,999			264,651	2
140,000-159,999			930,679	6
160,000-179,999			676,139	4
180,000-199,999			572,975	3
200,000-299,999	260,995	1	4,202,745	17
300,000-399,999			6,397,494	18
400,000-499,999			8,731,258	19
500,000-599,999			8,199,259	15
600,000-699,999			5,855,515	9
700,000-799,999			11,390,973	15
800,000-899,999			9,618,976	11
900,000-999,999			15,339,774	16
1,000,000 & Over	5,241,258	3	92,344,691	57
Total	$5,645,278	23	$166,547,359	246

Note: This table reflects fee-for-service data only.

(1) A blank cell represents a zero value.

Table 2.12
Number of Full-Time Equivalent Physicians by Specialty for the Service Year April 1, 2005 to March 31, 2006[1]

Physicians by Specialty	Number of Physicians	Number of Full-Time Equivalent Physicians [2]	Proportion of Full-Time Equivalent Physicians		Average Payment per Full Time Equivalent Physician	Number of Registered Persons per Full-Time Equivalent Physician
			Above 60th Percentile	Below 40th Percentile		
All Physicians (except Laboratory)[3]	5,316	4,720.3	34.5	48.0	$275,501	694
All Specialists (except GP/FPs & Laboratory)	2,194	1,921.1	34.1	48.3	337,981	1,705
Physicians by Specialty						
Anaesthesiology	291	264.9	35.4	47.4	288,929	12,367
Cardiovascular and Thoracic Surgery	25	21.9	36.0	48.0	590,873	149,381
Dermatology	39	34.5	35.9	46.2	640,159	95,037
Emergency Medicine	72	64.2	34.7	48.6	211,619	51,043
General/Family Physicians (GP/FPs)	3,122	2,758.3	34.5	47.6	236,059	1,188
- General/Family Physicians	2,937	2,593.0	34.4	47.8	235,164	1,263
- Full Time Emergency Room Physicians	160	148.5	37.5	44.4	250,442	22,060
- Mental Health Generalists	18	16.0	38.9	44.4	222,181	205,002
- Other General Practice Physicians[4]	7	4.5	28.6	57.1	136,407	721,571
General Surgery	157	139.4	36.3	45.2	383,266	23,502
- General Surgery designated specialty	141	124.4	36.2	46.1	389,063	26,325
- Other General Surgery	16	16.6	43.8	37.5	302,614	197,941
Internal Medicine	437	346.8	32.0	51.7	378,065	9,446
- Internal Medicine designated specialty	214	159.5	29.4	56.1	315,734	20,540
- Cardiology	50	49.1	40.0	42.0	675,252	66,774
- Gastroenterology	36	25.1	27.8	58.3	439,844	130,308
- Infectious Diseases	11	11.0	45.5	36.4	69,669	299,172
- Other Internal Medicine	126	100.6	33.3	49.2	355,902	32,564
Neurology	68	53.2	30.9	52.9	216,533	61,578
Neurosurgery	7	3.9	14.3	57.1	43,543	850,891
Obstetrics-Gynaecology	149	133.6	34.9	46.3	422,940	24,526
Ophthalmology	94	91.0	37.2	44.7	642,507	35,987
Orthopaedic Surgery	125	105.6	34.4	48.0	381,606	31,037
Otolaryngology	41	39.4	39.0	43.9	546,850	83,061
Paediatrics	216	166.0	30.1	54.6	208,853	19,740
Physical Medicine and Rehabilitation	29	29.2	41.4	41.4	138,500	112,382
Plastic Surgery	47	41.3	38.3	44.7	392,936	79,417
Psychiatry	352	320.4	36.9	44.6	248,771	10,226
Urology	45	40.9	37.8	44.4	404,670	80,155

Note: This table reflects fee-for-service data only.

(1) The average payments and percentage change for fee-for-services reflect the fact that some physician specialties are now being paid primarily through ARPs rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.

(2) FTE methodology is as follows:

Definition of a Full-Time Equivalent Practitioner: The definition is based on the methodology developed in 1984 by Health Canada

Step 1: - Within each specialty or group of specialists, rank the amounts paid in ascending order; the lower and upper benchmarks are the payment values which correspond to the 40th and 60th percentile for those practitioners with claims in all four quarters of the fiscal year.

Step 2: - Count all physicians with payments within the lower and upper benchmark as one FTE.

- Count all physicians with payments below the lower benchmark as a fraction of a FTE equal to the ratio of his/her payments to the lower benchmark.
- Count all physicians with payments above the upper benchmark using a log-linear relationship, as one FTE plus the natural logarithm of the ratio of his/her payments to the upper benchmark. The reason for attributing diminishing weight to payments above the upper benchmark is to prevent outliers from seriously biasing the measure. This is not necessary on the lower benchmark because payments less than zero are not recorded and, as such, a natural barrier exists to prevent bias at the lower end.
- Since the benchmarks for the calculations of FTEs in past Statistical Supplements are re-calculated based on the payments within each given year, and payments over time are not adjusted for fee changes, the FTEs in this table should not be compared with those released in previous versions of the Statistical Supplement.

(3) Laboratory physicians (23 Pathology and 246 Radiology Physicians) are excluded.

(4) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

Table 2.13
Distribution of Physician Payments by Type of Service and Specialty for the Service Year April 1, 2005 to March 31, 2006[1][2]

Physicians by Specialty	Total	Consultations	Assessments		Hospital Care Days	Special Calls	Psycho-therapy/ Counselling
			Major	Other			
Total: All Physicians	$1,472,634,054	$145,914,685	$106,697,672	$435,787,651	$40,704,807	$39,994,923	$94,140,923
Subtotal							
All Physicians (except Pathology)	1,466,988,776	145,689,439	106,697,672	435,775,425	40,704,807	39,994,923	94,140,923
All Specialists (except GP/FPs & Pathology)	815,857,517	134,404,346	29,659,647	53,890,600	15,702,013	1,924,688	58,684,737
Anaesthesiology	76,525,802	3,009,313	46,184	2,044,550	8,918	30,113	511,425
Cardiovascular and Thoracic Surgery	12,956,535	715,597	9,562	110,143	57,695	4,842	841
Dermatology	22,067,497	5,861,282	1,018,121	3,292,038	27	4,062	298
Emergency Medicine	13,581,951	961,885	194,038	6,781,486	1,877	46,184	341,273
General/Family Physicians (GP/FPs)	651,131,259	11,285,093	77,038,024	381,884,825	25,002,794	38,070,234	35,456,186
- General/Family Physicians	609,772,261	9,657,219	76,487,164	358,748,134	24,993,241	37,910,825	32,167,508
- Full Time Emergency Room Physicians	37,190,463	1,446,792	344,158	22,627,578	8,735	135,692	689,691
- Mental Health Generalists	3,549,461	37,080	162,264	124,406	745	23,658	2,573,075
- Other General Practice Physicians[3]	619,074	144,003	44,438	384,707	73	59	25,913
General Surgery	53,422,503	13,066,276	262,360	3,060,701	888,664	102,122	37,516
- General Surgery designated specialty	48,414,921	11,796,751	226,713	2,875,377	848,374	100,899	37,392
- Other General Surgery	5,007,582	1,269,525	35,646	185,325	40,290	1,223	125
Internal Medicine	131,110,808	42,976,014	1,996,397	8,767,614	10,824,163	394,497	131,857
- Internal Medicine designated specialty	50,356,246	23,467,396	1,153,501	5,787,204	7,704,208	305,384	76,585
- Cardiology	33,128,244	6,623,083	111,962	510,459	1,148,865	25,390	374
- Endocrinology/Metabolism	236	170					
- Gastroenterology	11,058,158	5,237,760	58,087	354,502	241,423	5,305	2,212
- Infectious Diseases	762,694	552,784	1,852	128,028	68,315	2,871	62
- Other Internal Medicine	35,805,230	7,094,821	670,994	1,987,421	1,661,351	55,548	52,623
Neurology	11,518,636	8,548,102	97,258	1,167,617	571,675	13,462	12,430
Neurosurgery	167,510	625					
Obstetrics-Gynaecology	56,494,026	10,906,151	2,055,780	7,688,275	413,920	1,038,824	19,314
Ophthalmology	58,484,373	6,062,214	12,893,547	3,814,054	3,202	90,881	62
Orthopaedic Surgery	40,276,918	8,283,433	291,384	2,960,644	177,028	18,310	17,684
Otolaryngology	21,567,126	4,760,618	338,374	1,088,074	46,156	12,295	592
Paediatrics	34,658,599	9,667,647	8,215,533	9,951,039	2,184,768	114,772	1,091,186
Physical Medicine and Rehabilitation	4,037,472	1,766,368	35,350	600,553	413,054	2,909	455,852
Plastic Surgery	16,206,895	2,173,823	388,814	875,676	9,396	16,240	53
Psychiatry designated specialty	79,692,984	11,125,760	1,642,634	255,958	9,076	14,394	56,042,430
Urology	16,540,524	4,453,485	173,394	1,391,211	92,392	20,782	21,707
Laboratory Specialists	172,192,636	291,001	919	53,192			216
- Pathology	5,645,278	225,246		12,226			
- Radiology	166,547,359	65,754	919	40,966			216

Note: This table reflects fee-for-service data only.

Continued.....

(1) The payment totals by specialty have been rounded.
(2) A blank cell represents a zero value.
(3) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

Table 2.13
Distribution of Physician Payments by Type of Service and Specialty for the Service Year April 1, 2005 to March 31, 2006[1][2]

Physicians by Specialty	Major Surgery	Minor Surgery	Surgical Assistance	Anaesthesia	Obstetrical Services	Diagnostic & Therapeutic Services - Radiology
Total: All Physicians	$204,452,665	$22,346,348	$22,444	$15,325,356	$31,477,548	$138,899,811
Subtotal						
All Physicians (except Pathology)	204,451,972	22,346,348	22,444	15,325,356	31,477,382	138,899,811
All Specialists (except GP/FPs & Pathology)	185,214,574	7,856,098	179	12,763,750	19,095,140	138,139,633
Anaesthesiology	46,856,036	1,322,569		11,955,974	2,930,026	121,401
Cardiovascular and Thoracic Surgery	11,636,289	1,357		5,576		622
Dermatology	4,735,235	2,099,437		96,433		
Emergency Medicine	563,744	681,909		4,688	2,042	
General/Family Physicians (GP/FPs)	19,237,398	14,490,250	22,266	2,561,606	12,382,242	760,177
- General/Family Physicians	17,938,101	12,054,620	22,266	2,525,314	12,364,554	760,177
- Full Time Emergency Room Physicians	1,298,594	2,422,370		36,292	17,688	
- Mental Health Generalists	581	4,471				
- Other General Practice Physicians[3]	123	8,790				
General Surgery	28,226,403	872,689		3,248	53,908	190,283
- General Surgery designated specialty	25,098,208	847,756		3,023	53,908	1,103
- Other General Surgery	3,128,195	24,933		225		189,180
Internal Medicine	5,085,186	270,136		14,921	95,592	5,498,602
- Internal Medicine designated specialty	116,678	217,957		1,156	310	185,278
- Cardiology	4,213,396					5,313,068
- Endocrinology/Metabolism						67
- Gastroenterology	19,712	23,318				
- Infectious Diseases						
- Other Internal Medicine	735,401	28,861		13,765	95,282	190
Neurology	307	15,740		598		
Neurosurgery	166,700	92				
Obstetrics-Gynaecology	9,059,970	49,230		6,811	15,960,301	3,708,843
Ophthalmology	24,110,892	132,659		113		2,990,821
Orthopaedic Surgery	26,366,245	95,246		68,128	503	827
Otolaryngology	6,995,641	1,657,778		37	602	
Paediatrics	228,908	152,989		267	50,269	1,833
Physical Medicine and Rehabilitation	117	199		160,397		
Plastic Surgery	11,944,215	462,617	179	6,126	462	
Psychiatry designated specialty						
Urology	6,825,065	30,361		792	1,197	
Laboratory Specialists	2,414,314	11,089		439,642	405	125,626,401
- Pathology	693				166	
- Radiology	2,413,621	11,089		439,642	239	125,626,401

Continued.....

Note: This table reflects fee-for-service data only.

(1) The payment totals by specialty have been rounded.

(2) A blank cell represents a zero value.

(3) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

Table 2.13
Distribution of Physician Payments by Type of Service and Specialty for the Service Year April 1, 2005 to March 31, 2006[1][2]

Physicians by Specialty	Laboratory Services	Other Diagnostic & Therapeutic Services	Special Services	Miscellaneous Services
Total: All Physicians	$37,100,963	$133,472,576	$10,018,953	$16,276,729
Subtotal				
All Physicians (except Pathology)	37,100,963	128,066,007	10,018,575	16,276,729
All Specialists (except GP/FPs & Pathology)	37,100,561	105,998,940	1,184,962	14,237,648
Anaesthesiology		6,396,524	20,665	1,272,104
Cardiovascular and Thoracic Surgery		410,220		3,791
Dermatology		4,960,558	7	
Emergency Medicine		3,971,283	5	31,536
General/Family Physicians (GP/FPs)	402	22,067,067	8,833,613	2,039,081
- General/Family Physicians	402	13,969,204	8,824,313	1,349,219
- Full Time Emergency Room Physicians		8,092,713	2,455	67,706
- Mental Health Generalists		299	727	622,156
- Other General Practice Physicians[3]		4,851	6,117	
General Surgery		6,634,121	4,431	19,781
- General Surgery designated specialty		6,501,704	4,431	19,282
- Other General Surgery		132,416		499
Internal Medicine	3,540,499	50,485,685	34,500	995,144
- Internal Medicine designated specialty		11,158,883	33,971	147,735
- Cardiology	3,540,499	11,636,600		4,546
- Endocrinology/Metabolism				
- Gastroenterology		5,111,333	186	4,318
- Infectious Diseases		8,652	130	
- Other Internal Medicine		22,570,216	213	838,544
Neurology		1,048,987	39,376	3,085
Neurosurgery		92		
Obstetrics-Gynaecology	151	4,583,964	998,090	4,403
Ophthalmology		8,385,766	69	93
Orthopaedic Surgery		275,729	21,140	1,700,617
Otolaryngology		6,661,558	4,633	768
Paediatrics		2,861,385	18,122	119,880
Physical Medicine and Rehabilitation		558,735	41,321	2,617
Plastic Surgery		322,353	7	6,933
Psychiatry designated specialty		525,680	374	10,076,678
Urology		3,528,597	1,323	218
Laboratory Specialists	33,559,911	9,794,270	1,277	
- Pathology		5,406,569	378	
- Radiology	33,559,911	4,387,702	899	

Note: This table reflects fee-for-service data only.
(1) The payment totals by specialty have been rounded.
(2) A blank cell represents a zero value.
(3) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

Table 2.14
Physician Services and Payments per 1,000 Insured Persons by Type of Service, and Age and Gender of Recipient, for the Service Year April 1, 2005 to March 31, 2006[1][2]

Service Type \ Age & Gender		All Age Groups		Under 1		1 - 4		5 - 14		15 - 24	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	515	48,981	642	78,772	260	24,034	204	16,374	332	28,996
	M	414	40,074	778	94,074	335	30,581	287	22,204	208	17,947
Major Assessment	F	617	38,785	1,633	112,437	616	40,433	305	19,693	443	27,286
	M	406	26,317	1,641	113,700	652	43,148	321	21,009	195	12,310
Other Assessment	F	4,969	157,848	4,289	148,533	3,768	125,372	2,177	70,194	4,124	134,325
	M	3,343	108,054	4,653	163,005	4,071	136,614	2,142	70,211	1,997	66,509
Hospital Care Days	F	453	13,221	1,019	36,963	105	3,791	27	887	86	2,534
	M	381	11,625	1,189	42,357	132	4,628	38	1,264	56	1,690
Special Calls	F	117	14,130	88	12,098	105	13,882	61	7,648	117	15,984
	M	84	10,276	105	14,421	122	16,201	65	8,148	71	9,476
Psychotherapy/Counselling	F	1,025	34,205	10	399	30	1,167	231	8,066	803	27,073
	M	687	23,236	13	492	48	1,808	459	15,916	631	20,826
Major Surgery	F	984	63,029	311	25,518	224	14,834	216	12,851	402	24,073
	M	911	61,788	550	40,570	400	22,326	301	16,990	533	30,423
Minor Surgery	F	128	5,670	31	1,513	94	6,021	128	5,509	130	5,547
	M	151	7,980	41	2,186	137	9,275	148	7,669	169	9,988
Surgical Assistance	F	--	8							1	29
	M	--	6							1	16
Anaesthesiology	F	344	7,982	74	1,577	279	4,406	123	1,929	512	11,158
	M	54	1,354	79	1,827	299	4,799	141	2,194	18	411
Obstetrical Services	F	135	19,159					--	26	209	30,294
	M										
Diagnostic & Therapeutic Services, Radiology	F	826	63,125	45	2,743	78	3,254	133	5,530	419	30,994
	M	366	21,548	56	3,193	98	3,622	141	5,322	219	9,482
Laboratory Services	F	85	16,350			--	12	2	399	9	2,195
	M	24	6,270			--	19	1	312	5	1,299
Other Diagnostic & Therapeutic Services	F	1,405	40,688	969	53,947	560	10,403	660	6,926	804	16,347
	M	1,218	40,799	1,285	70,412	751	13,064	815	8,681	523	12,828
Special Services[3]	F	429	5,526	2	20	15	172	23	227	385	5,314
	M	82	576	--	27	16	228	27	268	23	167
Miscellaneous Services[4]	F	120	4,951	6	238	8	291	56	2,097	128	4,782
	M	122	4,986	6	208	13	473	114	4,265	137	5,236
Total	F	12,152	$533,657	9,120	$474,758	6,141	$248,072	4,344	$158,355	8,910	$366,933
	M	8,244	$364,889	10,401	$546,472	7,076	$286,787	4,999	$184,458	4,780	$198,609

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

(2) -- equals a non-zero value; actual value too small to be shown.

(3) Special Services include injections, immunizations, pap smears, insertion of IUD.

(4) Miscellaneous Services are a group of health services codes that don't fall into any other health service category.

Table 2.14
Physician Services and Payments per 1,000 Insured Persons by Type of Service, and Age and Gender of Recipient, for the Service Year April 1, 2005 to March 31, 2006[1][2]

Service Type \ Age & Gender		25 - 44		45 - 64		65 - 74		75 and Older	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	508	46,179	604	58,051	911	92,459	1,095	116,186
	M	271	24,977	490	48,991	991	102,778	1,351	145,050
Major Assessment	F	599	36,267	669	40,781	886	57,286	1,111	77,549
	M	237	14,862	438	27,606	789	52,009	1,285	87,191
Other Assessment	F	4,997	160,358	5,106	160,812	7,276	227,708	11,268	341,341
	M	2,434	79,213	3,738	119,538	6,744	212,053	10,552	332,190
Hospital Care Days	F	137	4,038	305	9,244	1,112	33,233	4,045	113,035
	M	104	3,182	324	10,068	1,244	38,280	4,022	117,884
Special Calls	F	108	14,214	71	8,511	120	13,416	498	48,527
	M	54	7,029	65	7,854	141	16,054	408	43,012
Psychotherapy/Counselling	F	1,237	40,483	1,545	51,759	1,048	36,565	1,025	34,657
	M	760	25,700	883	29,872	673	23,019	943	31,590
Major Surgery	F	826	47,143	1,390	86,293	2,328	166,686	2,607	195,592
	M	580	35,698	1,179	81,354	2,759	204,002	3,329	258,102
Minor Surgery	F	113	5,088	133	5,842	165	6,878	186	7,963
	M	131	7,345	143	7,060	213	9,143	272	10,771
Surgical Assistance	F	--	10	--	2				
	M	--	7	--	4				
Anaesthesiology	F	757	17,281	34	1,693	41	2,659	38	2,327
	M	16	565	24	1,197	43	2,415	50	2,829
Obstetrical Services	F	349	49,215	1	157	--	12	--	35
	M								
Diagnostic & Therapeutic Services, Radiology	F	888	73,130	1,257	95,763	1,521	112,353	1,291	92,099
	M	297	16,171	508	31,272	877	60,968	1,031	73,285
Laboratory Services	F	27	5,603	184	34,320	299	57,083	209	41,018
	M	11	2,806	40	10,508	99	25,323	108	27,116
Other Diagnostic & Therapeutic Services	F	1,212	30,625	1,840	56,022	2,895	105,072	2,955	118,708
	M	756	20,302	1,557	57,433	3,275	140,314	4,132	186,636
Special Services[3]	F	582	8,291	544	6,794	565	5,707	452	3,582
	M	43	290	114	770	289	1,966	407	2,706
Miscellaneous Services[4]	F	108	4,015	134	5,620	189	10,086	292	13,297
	M	122	4,672	114	4,870	159	8,348	266	12,198
Total	F	12,450	$541,939	13,818	$621,664	19,357	$927,204	27,070	$1,205,916
	M	5,818	$242,818	9,616	$438,397	18,297	$896,672	28,155	$1,330,559

Note: This table reflects fee-for-service data only.

(1) A blank cell represents a zero value.

(2) -- equals a non-zero value; actual value too small to be shown.

(3) Special Services include injections, immunizations, pap smears, insertion of IUD.

Table 2.15
Percentage Changes to Rates in the Schedule of Medical Benefits by Specialty for October 1, 2003 to March 31, 2006

Specialty \ Effective Date	October 1, 2003	October 1, 2004	October 1, 2005
Anaesthesia	2.4	2.0	2.6
Cardiology	1.3	1.6	1.6
Cardiovascular and Thoracic Surgery	1.1	1.2	1.3
Critical Care Medicine	1.7	1.4	1.8
Dermatology	1.8	2.7	2.1
Radiology	1.4	2.2	1.9
Emergency Medicine	3.2	2.6	3.5
Endocrinology/Metabolism	6.4	5.0	5.3
Gastroenterology	2.1	3.0	2.4
General Practice	3.3	3.9	3.9
General Surgery	1.9	2.1	2.4
Mental Health Generalists	3.5	2.8	3.6
Infectious Diseases	7.7	5.0	5.3
Internal Medicine	3.1	3.9	3.8
Nephrology	2.2	2.5	2.7
Neurology	4.0	4.7	4.8
Neurosurgery	2.0	2.3	2.4
Obstetrics-Gynaecology	2.0	2.2	2.8
Ophthalmology	1.5	2.2	1.9
Orthopaedic Surgery	2.2	2.3	2.5
Otolaryngology	1.6	2.1	1.8
Paediatrics	4.2	4.9	4.8
Pathology	0.9	2.9	3.5
Physical Medicine and Rehabilitation	4.9	5.0	5.3
Plastic Surgery	2.1	2.3	2.5
Psychiatry	3.2	2.8	4.1
Respiratory Medicine	5.3	5.0	5.3
Rheumatology	4.3	5.0	5.3
Urology	2.0	2.1	2.4
Vascular Surgery	2.0	2.3	2.3
All Physicians	2.7%	3.1%	3.3%

Table 2.16
Basic Health Services:
Percentage Changes to Rates in the Schedules of Benefits for April 1, 2001 to March 31, 2006

Type of Practitioner / Effective Date	Medical	Dentists/Oral Surgeons	Chiropractors	Optometrists	Podiatrists
	(%)	(%)	(%)	(%)	(%)
April 1, 2001	6.3	Nil	Nil	1.9	Nil
August 1, 2001	Nil	8.1	Nil	Nil	Nil
November 1, 2001	3.4	Nil	Nil	Nil	Nil
April 1, 2002	10.9	Nil	Nil	2.0	Nil
October 1, 2002	2.0	Nil	Nil	Nil	Nil
April 1, 2003	Nil	3.9	2.0	3.9	2.9
October 1, 2003	2.7	Nil	Nil	Nil	Nil
April 1, 2004	Nil	3.9	2.5	2.9	2.9
October 1, 2004	3.1	Nil	Nil	Nil	Nil
April 1, 2005	Nil	Nil	Nil	2.9	Nil
October 1, 2005	3.3	Nil	Nil	Nil	Nil

Table 2.17
Alternate Relationship Plans (ARPs) Summary for the Service Year April 1, 2005 to March 31, 2006[1]

Model Type[2]	GPs	Specialists	Physician Subtotal
Capitation ARP	15	1	16
Contract ARP	156	166	322
Sessional ARP	36	41	77
Academic ARP	28	447	475
Totals	235	655	

Total Expenditures[3]	Physician Total[4]
$109,337,926	873

(1) The physician counts are as at March 31, 2006, calculated February 1, 2007.
(2) There was a total of 34 ARPs as at March 31, 2006.
(3) Total expenditures are for the fiscal year April 1, 2005 to March 31, 2006, as at September 2006. This total represents the amount paid to ARPs and not the amount paid to individual physicians within an ARP.
(4) The physician total can fluctuate from month to month, and should be considered approximate. It is a discrete overall physician count and not a sum as a physician can participate in more than one ARP model type. As at March 31, 2006, 17 physicians were known to participate in more than one ARP.

ARP Description

In early 2003, Alberta Health and Wellness, the Alberta Medical Association and the regional health authorities of Alberta entered into a trilateral relationship and budget management process for strategic physician agreements via a Master Agreement that remains in effect until 2011. ARPs are an important part of this overall agenda.

The purpose of ARPs is to promote innovation in clinical service delivery, with the intention of enhancing the following five dimensions:

- recruitment and retention of physicians,
- team-based approach to service delivery,
- access to health services for Albertans,
- patient satisfaction, and
- value for money.

Model Type Definitions

Non-Academic ARP

- Capitation ARP - This model is used for the provision of family medicine or primary health care, with a predetermined annual amount for each of its patients within a defined population and basket of services.
- Contract ARP - Contractual funding is based on a pre-negotiated amount, for a pre-determined level of services, over a specified period of time (e.g. one year).
- Sessional ARP - Under this model, the physician is paid an hourly rate for work during a set period of time for the provision of insured medical services within an organized program.

Academic ARP

Model which merges funding for medical education, clinical services and research into one main funding grant based on an agreement between the academic department of an Academic Health Centre, the Alberta Government, and any other major funder(s). Academic ARPs receive funding for delivery of clinical services, as well as conditional grant funding. There are multiple stakeholders in academic ARPs. They include: Alberta Health and Wellness, regional health authorities, Universities of Calgary and/or Alberta (Central Administration, Faculties of Medicine, Academic Departments), participating physicians, Alberta Medical Association, other funding bodies (e.g. research), and other ministries (e.g. Advanced Education). An operational governance structure, comprised of the academic agreement stakeholders, is accountable for managing the business and ongoing operations of an academic ARP, as well as for reporting on expenditure funds.

Table 2.18
Out-of-Country Basic Health Services:
Distribution of Payments, Number of Services and Discrete Patients
for the Service Year April 1, 2005 to March 31, 2006[1]

Practitioner Type	Total Out-of-Country			United States			Out-of-Country (except United States)		
	Number of Services	Discrete Patients	Payments	Number of Services	Discrete Patients	Payments	Number of Services	Discrete Patients	Payments
Physicians[2]	23,006	8,179	1,019,839	1,195	269	73,131	21,811	8,131	946,708
Dentists/Oral Surgeons	1	1	81	1	1	81			
Chiropractors	1,771	432	23,136	49	14	637	1,722	421	22,500
Optometrists	115	113	5,082	3	3	139	112	110	4,943
Podiatrists	51	27	1,245	1	1	20	50	26	1,225
Total	24,944	8,696	$1,049,384	1,249	286	$74,008	23,695	8,639	$975,376

Note: This table reflects fee-for-service data only.

(1) The total discrete patients is a discrete overall patient count and not a sum.

(2) Does not include physician services which were paid under the Out-of-Country Health Services Program.

Out-of-Country Health Coverage

Out-of-country practitioner and hospital services received by Albertans are paid at rates as approved by the Minister of Alberta Health and Wellness.

Many out-of-country medical and hospital services cost more than the amount paid by the AHCIP, and any additional costs are the responsibility of the patient. Alberta Health and Wellness strongly encourages Albertans travelling outside Canada to purchase supplementary health insurance.

Under certain circumstances, the Out-of-Country Health Services Committee and, when applicable, the Appeal Panel, considers funding (in addition to the benefits paid by the AHCIP) for insured physician, dentist/oral surgeon and hospital services not available in Canada. The program has specific criteria that must be met for funding to be considered.

Table 2.19
Out-of-Country Health Services Program:
Applications Reviewed
for the Service Years Ended March 31, 2002 to March 31, 2006

Type of Service	Status of Applications														
	Received					Approved					Refused				
	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006
Required services not available in Alberta	132	101	95	100	86	50	45	44	34	44	82	56	51	66	42

Table 2.20
Out-of-Country Health Services Program:
Fee-For-Service Payments Made for Approved Applications
for the Service Years Ended March 31, 2002 to March 31, 2006

Type of Service	Amount Paid														
	Total					Medical Services					Hospital Services				
	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006
Required services not available in Alberta	$2,642,037	$4,281,647	$2,599,326	$2,920,577	$1,934,320	$888,746	$916,495	$628,958	$505,307	$416,416	$1,753,291	$3,365,152	$1,970,368	$2,415,269	$1,517,904

Note: This table reflects fee-for-service data only.

Table 2.21
Primary Care Networks (PCNs):[1]
Distribution by Health Region, Number of Primary Care Physicians, Number of Patients, and Total Payments for the Service Year April 1, 2005 to March 31, 2006

Primary Care Network	Health Region	Number of Primary Care Physicians[3]	Number of Patients Enrolled	Total Payments to the Primary Care Network
Chinook PCN	Chinook Regional Health Authority	89	84,553	2,553,992
Calgary Rural PCN	Calgary Health Region	103	72,028	1,800,700
South Calgary PCN	Calgary Health Region	54	88,822	2,220,550
Red Deer PCN	David Thompson Regional Health Authority	51	87,007	2,175,175
Rocky Mountain House PCN	David Thompson Regional Health Authority	11	16,223	473,308
Camrose PCN	East Central Health	16	22,876	864,163
Edmonton Oliver PCN	Capital Health	22	28,415	710,375
Edmonton Southside PCN[2]	Capital Health	59	83,535	5,163,213
Edmonton West PCN	Capital Health	53	71,983	1,499,646
Leduc/Beaumont PCN	Capital Health	28	34,849	726,021
St. Albert & Sturgeon PCN	Capital Health	38	52,870	1,101,458
WestView PCN	Capital Health	44	56,485	3,205,000
Bonnyville PCN	Aspen Regional Health Authority	11	15,724	971,404
Wood Buffalo PCN	Northern Lights Health Region	20	38,152	1,426,075
Total		**599**	**753,522**	**$24,891,079**

(1) PCNs are formed through formal arrangements between groups of primary care physicians and their regional health authorities. PCNs are organized to deliver a wide range of primary care services. They have the flexibility to design local programs that meet the needs of patients, while working within the provincial framework.

Primary care is the first point of contact people have with the health system, where health services are mobilized and coordinated to promote health, prevent illness, care for common illness and manage ongoing problems. Primary care is the first contact for patients when a problem develops.

The goals of PCNs are to:
1. Improve access to primary care services for more Albertans
2. Manage access to appropriate round-the-clock primary care services
3. Increase the focus on health promotion and disease prevention, and on care for patients with medically complex problems or chronic illnesses
4. Improve coordination of primary care services with hospital, long-term and specialty care
5. Foster a team approach to providing primary care

PCNs operate within a mixed payment environment, receiving a capitation payment of up to $50 per patient per year from Alberta Health and Wellness. Physicians participating in PCNs continue to be compensated for insured medical services using either fee-for-service or existing alternate payment arrangements.

(2) The first Primary Care Network to launch in Alberta was Edmonton Southside PCN on May 1, 2005.

(3) The term Primary Care Physician includes both family physicians and general practitioners.

SECTION 3: REGIONAL DATA

Summary

This section provides practitioner fee-for-service data broken down by health region. Alberta has nine regional health authorities, which are responsible for hospitals, continuing care facilities, community health services and public health programs in Alberta. They work with communities to deliver health services, including mental health services, to local residents. Information about regional health authority services and costs is in the *Alberta Ministry of Health and Wellness Annual Report 2005/2006*.

HIGHLIGHTS

- A total of 37.8 per cent of practitioner fee-for-service expenditures were for services received in the Calgary Health Region.
- A total of 37.6 per cent of practitioner fee-for-service expenditures were for services received in the Capital Health Region.
- The balance, 24.6 per cent of practitioner fee-for-service expenditures, were for services received in the other seven health regions.
- An average of 77.4 per cent of services received by patients were provided in the health region where they reside.

Did You Know?

During 2005/2006, sixty-three (63) cents of each dollar spent on health care in Alberta went to health authorities. This funding was for continuing care facilities, home care, public health, community rehabilitation, mental health, cancer care and highly specialized province-wide services such as major organ transplants, heart surgeries, hip replacements and psycho-geriatric services.

Figures and Charts

Figure 5
Map of Health Regions

	RHA Corporate Name
R1	Chinook Regional Health Authority
R2	Palliser Health Region
R3	Calgary Health Region
R4	David Thompson Regional Health Authority
R5	East Central Health
R6	Capital Health
R7	Aspen Regional Health Authority
R8	Peace Country Health
R9	Northern Lights Health Region

Effective December 1, 2003

Alberta Health and Wellness

Explanatory Notes

Number of Practitioners

Statistics shown for the number of practitioners in a region are based on the number of practitioners who received fee-for-service payments for services provided in that particular region. A practitioner may work in several regions and will have been counted in each region where he/she provided services.

Number of Services

Some health services listed in the schedules of benefits are paid based on time units. Where applicable, the number of services reported will be the number of time units paid.

Regional Boundary Changes

Regional boundaries are subject to change; therefore, year-over-year comparisons by region need to be interpreted with caution. The map on health regions shows the current boundaries which were put in place on December 1, 2003.

Service Location and Recipient Location

Data in this section is provided on a service location basis. Patients from rural and remote regions often travel to larger urban centres in other regions to receive services. This affects statistics shown for health services and payments for both regions involved. This point is illustrated in Table 3.2, which shows a breakdown of medical payments to physicians based on both service location and recipient location. Recipient location data is for the health region where the patient lived on the date of service.

Table 3.1
Distribution of Population Covered by Health Region Service Location as at March 31, 2006[1]

Health Region Service Location	Registered Population		
	Total	Male	Female
Chinook Regional Health Authority	155,870	76,989	78,881
Palliser Health Region	101,974	51,229	50,745
Calgary Health Region	1,197,911	595,589	602,322
David Thompson Regional Health Authority	299,099	149,451	149,648
East Central Health	111,012	55,231	55,781
Capital Health	1,019,725	504,692	515,033
Aspen Regional Health Authority	177,005	89,816	87,189
Peace Country Health	138,064	70,603	67,461
Northern Lights Health Region	74,989	39,206	35,783
Unknown	282	143	139
Total	3,275,931	1,632,949	1,642,982

(1) The population figures are as at March 31, 2006, calculated in July 2006.

Table 3.2
Distribution of Payments to Physicians by Health Region Service Location and Recipient Location for the Service Year April 1, 2005 to March 31, 2006[1]

Health Region Service Location	Health Region Recipient Location					
	All Health Regions	Chinook Regional Health Authority	Palliser Health Region	Calgary Health Region	David Thompson Regional Health Authority	East Central Health
Chinook Regional Health Authority	63,695,319	**58,720,894**	1,119,839	2,809,463	298,884	63,202
Palliser Health Region	40,475,450	456,789	**38,599,200**	669,605	263,933	60,987
Calgary Health Region	556,693,746	7,189,402	6,426,030	**523,449,612**	13,059,889	641,797
David Thompson Regional Health Authority	112,023,055	276,980	421,822	4,328,277	**99,963,822**	1,844,497
East Central Health	30,807,604	45,805	51,423	236,928	1,501,958	**25,825,492**
Capital Health	553,988,905	820,203	386,727	5,244,594	15,640,504	17,344,894
Aspen Regional Health Authority	43,703,947	61,960	43,209	279,811	384,688	472,577
Peace Country Health	43,929,727	66,574	55,228	304,140	286,583	81,404
Northern Lights Health Region	21,133,381	36,378	30,719	292,537	148,359	59,662
Unknown	6,182,921	61,981	34,843	1,267,648	146,128	3,876,928
Total	1,472,634,054	67,736,965	47,169,039	538,882,617	131,694,748	50,271,441

Note: This table reflects fee-for-service data only.

Continued.....

(1) The sums of the payments may not match the totals due to rounding.

Table 3.2
Distribution of Payments to Physicians by Health Region Service Location and Recipient Location for the Service Year April 1, 2005 to March 31, 2006[1]

Health Region Service Location	Health Region Recipient Location				
	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region	Unknown
Chinook Regional Health Authority	390,572	96,743	84,092	43,438	68,193
Palliser Health Region	200,763	68,935	67,136	35,248	52,853
Calgary Health Region	3,745,869	677,740	615,747	457,143	430,517
David Thompson Regional Health Authority	3,723,530	759,096	422,192	173,562	109,277
East Central Health	1,864,036	1,084,087	82,493	71,059	44,322
Capital Health	**468,649,151**	31,653,842	8,302,887	5,510,300	435,802
Aspen Regional Health Authority	2,240,437	**38,796,276**	1,074,505	311,210	39,275
Peace Country Health	733,594	455,089	**40,947,517**	955,617	43,980
Northern Lights Health Region	927,481	276,232	131,146	**19,196,866**	34,001
Unknown	378,317	291,002	44,180	39,410	**42,484**
Total	482,853,749	74,159,041	51,771,896	26,793,854	1,300,704

Note: This table reflects fee-for-service data only.

(1) The sums of the payments may not match the totals due to rounding.

Table 3.3
Distribution of Payments by International Classification of Diseases and Health Region Service Location for the Service Year April 1, 2005 to March 31, 2006

International Classification of Diseases \ Health Region Service Location	All Health Regions	Chinook Regional Health Authority	Palliser Health Region	Calgary Health Region	David Thompson Regional Health Authority	East Central Health
Infectious and Parasitic Diseases	23,918,385	1,045,279	755,310	9,139,973	2,166,236	610,981
Neoplasms	49,158,631	2,317,432	1,266,991	19,594,979	2,832,462	822,842
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders	39,034,974	1,879,513	1,782,069	12,693,223	2,985,034	1,083,839
Diseases of Blood and Blood Forming Organs	5,973,928	302,395	372,300	2,146,070	520,413	226,501
Mental Disorders	147,799,680	5,876,603	3,580,140	54,421,895	13,331,179	2,688,074
Diseases of the Nervous System and Sense Organs	104,203,142	4,104,800	3,245,811	42,370,912	6,381,670	2,136,031
Diseases of the Circulatory System	107,961,422	3,826,445	2,876,607	39,464,434	6,712,681	2,364,507
Diseases of the Respiratory System	104,814,865	4,471,489	2,963,334	36,562,936	9,863,056	2,683,139
Diseases of the Digestive System	55,949,104	3,146,360	1,984,594	18,026,944	5,082,728	1,892,196
Diseases of the Genitourinary System	71,603,675	3,651,893	2,096,358	27,230,743	6,207,325	1,873,768
Complications of Pregnancy, Childbirth and the Puerperium	43,308,909	2,173,759	672,440	18,821,056	3,288,591	702,539
Diseases of the Skin and Subcutaneous Tissue	43,804,376	1,752,103	1,238,772	16,304,549	3,947,394	1,021,586
Diseases of the Musculosketal System and Connective Tissue	75,757,033	4,407,673	2,466,175	25,307,135	6,117,947	2,280,722
Congenital Anomalies	4,401,542	103,492	54,618	1,739,730	102,563	21,607
Certain Conditions Originating in the Perinatal Period	7,085,588	342,821	254,388	2,423,791	629,806	57,178
Symptoms, Signs and Ill-Defined Conditions	145,635,949	6,500,784	4,176,386	54,951,961	12,768,440	3,280,509
Injury and Poisoning	82,169,035	3,702,254	2,107,238	27,732,073	7,663,629	2,235,358
Non-Standard Diagnostic Codes[1]	117,984,496	4,243,823	3,329,898	48,038,083	9,035,088	2,750,278
Unknown Diagnostic Chapter[2]	242,069,319	9,846,401	5,252,022	99,723,257	12,386,815	2,075,949
Total	$1,472,634,054	$63,695,319	$40,475,450	$556,693,746	$112,023,055	$30,807,604

Note: This table reflects fee-for-service data only.

Continued.....

(1) Non-Standard Diagnostic Codes are supplementary diagnostic codes to the International Classification of Diseases; i.e., V codes.

(2) Radiologists, pathologists, surgical assistants and anaesthesiologists do not have to provide diagnostic codes when submitting claims to AHCIP. Claims for these services are included under "Unknown Diagnostic Chapter."

Table 3.3
Distribution of Payments by International Classification of Diseases and Health Region Service Location for the Service Year April 1, 2005 to March 31, 2006

Health Region Service Location / International Classification of Diseases	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region	Unknown
Infectious and Parasitic Diseases	7,603,170	1,115,821	892,821	466,789	122,006
Neoplasms	19,572,986	877,509	1,115,837	289,798	467,796
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders	14,681,554	1,577,986	1,398,602	776,764	176,388
Diseases of Blood and Blood Forming Organs	1,835,511	254,262	200,402	85,182	30,893
Mental Disorders	59,778,106	2,446,499	2,895,274	1,941,569	840,341
Diseases of the Nervous System and Sense Organs	39,079,368	2,465,979	3,285,599	716,588	416,384
Diseases of the Circulatory System	46,097,076	2,880,250	2,372,718	975,488	391,217
Diseases of the Respiratory System	35,836,239	5,400,465	4,382,294	2,122,664	529,250
Diseases of the Digestive System	19,105,980	2,549,186	2,638,673	1,131,597	390,847
Diseases of the Genitourinary System	24,780,766	2,272,031	2,113,629	1,082,251	294,910
Complications of Pregnancy, Childbirth and the Puerperium	12,515,237	1,646,234	1,683,761	1,474,293	330,998
Diseases of the Skin and Subcutaneous Tissue	15,635,957	1,796,627	1,225,132	704,629	177,627
Diseases of the Musculosketal System and Connective Tissue	26,999,224	3,948,411	2,891,305	1,152,463	185,976
Congenital Anomalies	2,232,794	25,238	86,370	21,594	13,536
Certain Conditions Originating in the Perinatal Period	2,396,094	95,790	623,334	165,830	96,556
Symptoms, Signs and Ill-Defined Conditions	50,752,818	4,530,345	5,261,475	2,838,454	574,776
Injury and Poisoning	29,348,894	4,261,715	3,389,953	1,353,651	374,270
Non-Standard Diagnostic Codes(1)	37,924,294	4,577,128	4,891,408	2,736,257	458,239
Unknown Diagnostic Chapter(2)	107,812,837	982,472	2,581,139	1,097,518	310,910
Total	$553,988,905	$43,703,947	$43,929,727	$21,133,381	$6,182,921

Note: This table reflects fee-for-service data only.

(1) Non-Standard Diagnostic Codes are supplementary diagnostic codes to the International Classification of Diseases; i.e., V codes.

(2) Radiologists, pathologists, surgical assistants and anaesthesiologists do not have to provide diagnostic codes when submitting claims to AHCIP. Claims for these services are included under "Unknown Diagnostic Chapter."

Table 3.4
Distribution of Physicians with Total Payments of $10,000 and Over, and Average Payments by Health Region Service Location for the Service Year April 1, 2005 to March 31, 2006[1][2]

Health Region Service Location	Total			General/Family Physicians			Specialists[3]		
	Number of Physicians	Amount Paid	Average Payments	Number of Physicians	Amount Paid	Average Payments	Number of Physicians	Amount Paid	Average Payments
By Health Region									
Chinook Regional Health Authority	225	57,236,595	254,385	145	30,935,755	213,350	80	26,300,840	328,761
Palliser Health Region	139	36,692,379	263,974	82	21,933,173	267,478	57	14,759,206	258,933
Calgary Health Region	2,079	484,077,829	232,842	1,173	219,405,131	187,046	906	264,672,698	292,133
David Thompson Regional Health Authority	428	102,918,888	240,465	301	70,135,647	233,009	127	32,783,241	258,136
East Central Health	181	29,271,419	161,721	144	22,916,224	159,140	37	6,355,196	171,762
Capital Health	1,831	475,889,777	259,907	977	195,603,413	200,208	854	280,286,363	328,204
Aspen Regional Health Authority	224	43,330,366	193,439	182	39,145,310	215,084	42	4,185,056	99,644
Peace Country Health	189	40,937,161	216,599	136	29,476,244	216,737	53	11,460,917	216,244
Northern Lights Health Region	92	20,949,010	227,707	73	15,829,518	216,843	19	5,119,492	269,447
Unknown	75	5,619,180	74,922	45	3,539,327	78,652	30	2,079,853	69,328
Total	5,463	1,296,922,603	237,401	3,258	$648,919,742	$199,177	2,205	$648,002,861	$293,879

Note: This table reflects fee-for-service data only.

(1) This report reflects discrete physician counts of physcians within each region. The numbers are not a sum as a physician may provide health services in multiple health regions.

(2) The total amount paid may not match the sum of amounts paid due to rounding.

(3) Excludes pathology and radiology laboratory specialists because billings for more than one physician may be included under one physician billing number.

Table 3.5
Number of General/Family Physicians by Payment Range and Health Region Service Location for the Service Year April 1, 2005 to March 31, 2006[1][2]

Health Region / Service Location / Payment Range	All Health Regions	Chinook Regional Health Authority	Palliser Health Region	Calgary Health Region	David Thompson Regional Health Authority	East Central Health	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region	Unknown
Less than $10,000	1,404	65	59	225	128	94	245	119	90	41	338
10,000- 19,999	176	11	8	44	16	23	27	16	10	13	8
20,000- 39,999	219	13	3	77	17	26	46	15	9	6	7
40,000- 59,999	176	2	2	69	14	10	57	6	6	2	8
60,000- 79,999	155	9	1	54	11	8	53	7	8	1	3
80,000- 99,999	155	4	2	69	5	11	43	4	5	5	7
100,000-119,999	159	5	3	73	8	4	51	3	6	4	2
120,000-139,999	171	2	4	69	7	3	66	8	7	2	3
140,000-159,999	183	5	2	77	8	4	69	10	4	2	2
160,000-179,999	184	3	2	96	8		63	5	5	1	1
180,000-199,999	185	8	3	69	16	2	68	7	11	1	
200,000-299,999	796	47	16	288	89	17	254	44	25	12	4
300,000-399,999	453	21	14	123	82	21	119	40	22	11	
400,000-499,999	168	11	16	42	14	15	34	15	12	9	
500,000-599,999	46	2	6	16	3		13	1	3	2	
600,000-699,999	20	2		4	1		8	1	3	1	
700,000-799,999	8			2	1		4			1	
800,000-899,999	1						1				
900,000-999,999	2			1	1						
1,000,000 & over	1						1				
Total	4,662	210	141	1398	429	238	1222	301	226	114	383

Note: This table reflects fee-for-service data only.

(1) This report reflects discrete physician counts of physicians within each region, where the physician payment was greater than zero within the health region. The numbers are not a sum as a physician may provide health services in multiple health regions.

(2) A blank cell represents a zero value.

Table 3.6
Number of Physicians by Specialty Within Each Health Region for the Service Year April 1, 2005 to March 31, 2006[1][2]

Physicians by Specialty	Number of Physicians[3]			
	All Health Regions	Capital Health	Calgary Health Region	All Other Regions
Total: All Physicians	7,537	2,150	2,417	2,970
All Specialists (except GP/FPs & laboratory specialists)	2,875	928	1,019	928
Physicians by Specialty				
Anaesthesiology	346	126	144	76
Cardiovascular and Thoracic Surgery	28	14	14	
Dermatology	48	17	21	10
Emergency Medicine	91	29	40	22
General/Family Physicians (GP/FPs)	4,662	1,222	1,398	2,042
General Surgery	211	56	65	90
Internal Medicine	561	207	177	177
Neurology	86	19	47	20
Neurosurgery	7	3	4	
Obstetrics-Gynaecology	204	55	71	78
Ophthalmology	117	43	40	34
Orthopaedic Surgery	189	44	58	87
Otolaryngology	51	16	18	17
Paediatrics	327	79	120	128
Physical Medicine and Rehabilitation	39	17	10	12
Plastic Surgery	60	16	24	20
Psychiatry	442	162	152	128
Urology	68	25	14	29

Note: This table reflects fee-for-service data only.

(1) This report reflects discrete physician counts of physicians within each region where the physician payment was greater than zero within the health region. The numbers are not a sum as physicians may provide health services in multiple health regions.

(2) A blank cell represents a zero value.

(3) Excludes pathology and radiology laboratory specialists because billings for more than one physician may be included under one physician billing number.

Table 3.7
Allied Health Services:
Distribution of Services and Payments by Health Region Service Location
for the Service Year April 1, 2005 to March 31, 2006[1]

Health Region Service Location	Total		Chiropractors		Optometrists	
	Services	Payments	Services	Payments	Services	Payments
Chinook Regional Health Authority	249,555	4,389,101	201,185	2,630,278	27,782	1,198,974
Palliser Health Region	129,919	2,256,743	103,480	1,354,292	15,631	667,447
Calgary Health Region	1,561,134	27,487,008	1,287,071	16,729,346	150,152	6,334,224
David Thompson Regional Health Authority	463,493	8,087,684	390,540	5,178,036	57,287	2,473,417
East Central Health	125,502	2,296,188	102,879	1,350,177	21,376	911,438
Capital Health	1,147,277	22,444,776	877,983	11,453,365	150,237	6,493,560
Aspen Regional Health Authority	151,774	2,674,145	128,235	1,679,472	21,340	931,002
Peace Country Health	93,721	1,811,478	74,305	976,321	17,744	780,645
Northern Lights Health Region	41,584	780,051	32,934	431,135	7,609	320,485
Unknown	14,410	333,188	233	3,001	105	4,727
Total	3,978,369	$72,560,363	3,198,845	$41,785,422	469,263	$20,115,918

Note: This table reflects fee-for-service data only.

Continued...

(1) The payment totals may not match the sum of the payments made to the health regions due to rounding.

Table 3.7
Allied Health Services:
Distribution of Services and Payments by Health Region Service Location
for the Service Year April 1, 2005 to March 31, 2006[1][2]

Health Region Service Location	Dentists/Oral Surgeons		Podiatrists	
	Services	Payments	Services	Payments
Chinook Regional Health Authority	238	27,206	20,350	532,644
Palliser Health Region	54	8,079	10,754	226,925
Calgary Health Region	7,622	1,451,900	116,289	2,971,539
David Thompson Regional Health Authority	491	51,533	15,175	384,699
East Central Health	10	841	1,237	33,732
Capital Health	8,523	1,729,097	110,534	2,768,754
Aspen Regional Health Authority	38	4,560	2,161	59,111
Peace Country Health	31	2,763	1,641	51,750
Northern Lights Health Region			1,041	28,431
Unknown			14,072	325,460
Total	17,007	$3,275,978	293,254	$7,383,045

Note: This table reflects fee-for-service data only.

(1) The payment totals may not match the sum of the payments made to the health regions due to rounding.

(2) A blank cell represents a zero value.

Section 4: Alberta Blue Cross Non-Group Coverage

Summary

Alberta Blue Cross Non-Group Coverage plans are supplemental health insurance plans that provide coverage for drugs and selected health services. These supplemental plans are funded by Alberta Health and Wellness and administered by Alberta Blue Cross. Albertans under the age of 65 can purchase Alberta Blue Cross Non-Group Coverage. Reduced Alberta Blue Cross premium rates are available to those who apply and qualify for AHCIP premium subsidy. Premium-free coverage is offered to seniors and their dependants, and to recipients of the Alberta Widows' Pension Program and their dependants. Premium-free drug coverage is also provided to people who have been diagnosed as needing palliative care who receive their health care at home.

The government-sponsored Alberta Blue Cross supplemental health plans are collectively referred to as "non-group" plans to distinguish them from the "group" or private employer-sponsored supplemental benefit plans available from Alberta Blue Cross.

The data in this section include the number of persons covered by level of premium payment, by age and gender, and by types of services (ambulance, drugs, hospital accommodation, or other). Information is also provided about the number, types and costs of drug prescriptions, and the ten highest drug expenditures.

Highlights

- In 2005/2006, the number of Albertans who were covered under Alberta Blue Cross Non-Group Coverage plans increased to 528,694, an increase of 2.5 per cent compared to 2004/2005.
- The number of persons who paid full premium rates was 98,704 (18.7 per cent of the total non-group membership), a decrease of 0.3 per cent compared to 2004/2005.
- A total of 40,852 people (7.7 per cent of the total non-group membership) received non-group coverage at reduced premium rates, a 7.3 per cent increase compared to 2004/2005.
- A total of 389,138 people (73.6 per cent of total non-group membership) received their coverage premium-free, an increase of 2.7 per cent compared to 2004/2005.
- More than $574 million was paid for benefits under the Alberta Blue Cross Non-Group Coverage plans in 2005/2006, an increase of more than 10.2 per cent compared to 2004/2005.

Did You Know?

Drugs continue to be the fastest-growing category of health care spending, with drug spending estimated to have reached 17.5% of total health expenditures in 2005, almost double the 9.5% reported in 1985. Since 1997, drugs have accounted for the second largest share, after hospitals, among major categories of health spending.

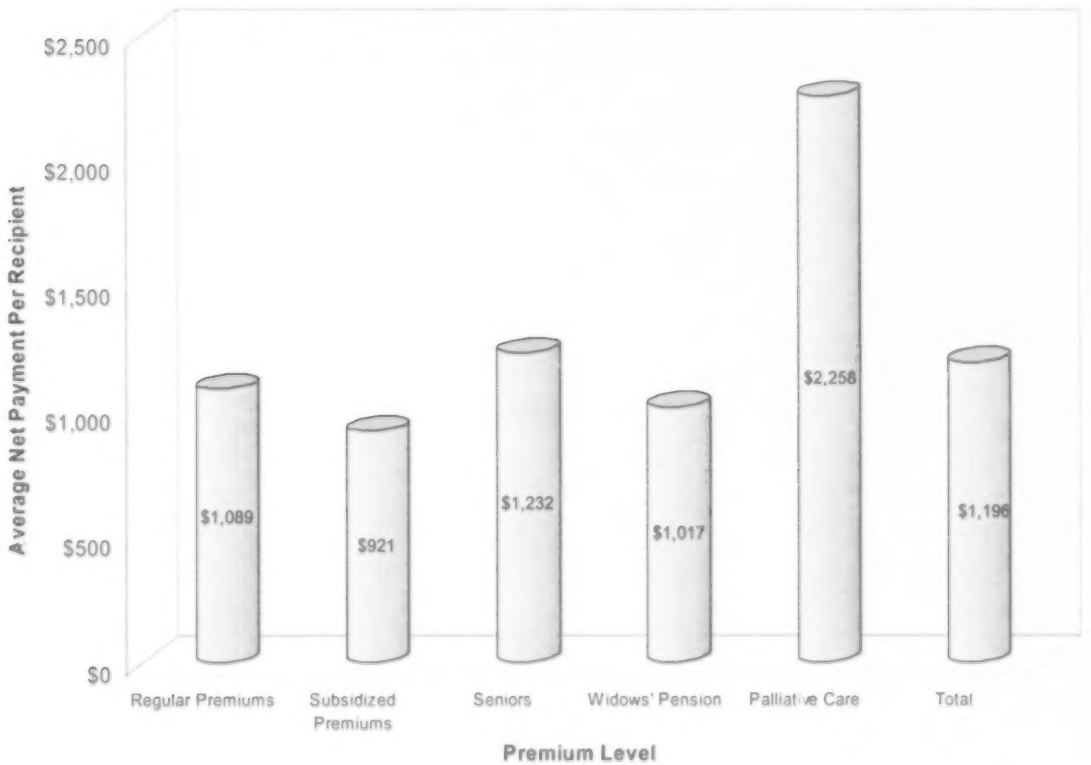
Source: Canadian Institute for Health Information website

- More than $444 million was paid for benefits for seniors or their spouses/partners/dependants and accounted for 77.5 per cent of the total amount spent on the Alberta Blue Cross Non-Group plans. This is an increase of more than 10.3 per cent compared to 2004/2005.
- Drugs accounted for $549,885,798 or 95.7 per cent of total non-group benefit expenditures. Ambulance services accounted for $18,677,007 or 3.3 per cent of the total.
- In 2005/2006, seven of the ten highest expenditure drugs were used to treat common chronic diseases.
    - Gastro-intestinal ulcers and stomach acid-related diseases were treated using Losec, Pantoloc, and Prevacid.
    - High cholesterol conditions were treated using Lipitor (in two strengths).
    - High blood pressure was treated using Norvasc (in two strengths) and Altace.
- Based on net payments for the non-group plans, Losec (20 mg), an ulcer treatment, was the highest expenditure drug with a total of 170,615 prescriptions and a net payment benefit of $25,572,353.
- Based on information for all coverage categories, Copaxone, used to treat Multiple Sclerosis, was the tenth highest expenditure for the non-group plans.

Figure 6 illustrates average net drug payments per recipient, sorted according to the coverage category of Alberta Blue Cross Non-Group benefit recipients for the service year April 1, 2005 to March 31, 2006.

Figure 6

Alberta Blue Cross Non-Group Coverage: Average Net Payment for Drugs per Recipient by Coverage Category for the Service Year April 1, 2005 to March 31, 2006



Did You Know?

During 2005/2006, seven (7) cents of each dollar spent on health care in Alberta went toward government-sponsored Alberta Blue Cross Non-Group benefits.

Explanatory Notes

Data

Data in this section are provided directly by Alberta Blue Cross with the exception of Table 4.6, which is provided by the Alberta College of Pharmacists. The tables report the payments made for people covered under the non-group plans. Pharmacy providers are paid bi-weekly (every two weeks). Other providers, such as ambulance service providers, psychologists, etc., are paid weekly.

Non-Group Coverage Parameters

Non-Group coverage includes drugs, ambulance services, clinical psychological services, home nursing care, prosthetic and orthotic benefits and mastectomy prostheses. Coverage for private or semi-private hospital accommodation is only included in the plan offered to Albertans under the age of 65 and their eligible dependants. The Alberta Health and Wellness Drug Benefit List defines the drugs that are covered by the Alberta Blue Cross Non-Group Coverage plans.

Table 4.2
Alberta Blue Cross Non-Group Coverage: Number of Registrations and Persons Covered by Coverage Category and Level of Premium Payment as at March 31, 2002, 2003, 2004, 2005 and 2006[1][2]

Registration Status		Total					Regular Premium				
		2001/2002	2002/2003	2003/2004	2004/2005	2005/2006	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006
One Person	Registrations	159,763	162,975	167,467	172,034	176,298	16,091	17,114	18,425	19,289	19,016
	Persons	159,763	162,975	167,467	172,034	176,298	16,091	17,114	18,425	19,289	19,016
Two Persons	Registrations	122,109	125,150	128,520	133,729	137,844	14,514	15,208	15,971	16,318	16,819
	Persons	244,218	250,300	257,040	267,458	275,688	29,028	30,416	31,942	32,636	33,638
Three or More	Registrations	18,093	18,620	19,228	19,785	19,946	10,742	11,185	11,552	11,970	11,747
Persons	Persons	70,694	72,528	74,571	76,361	76,708	42,637	44,497	45,636	47,100	46,050
Total	Registrations	299,965	306,745	315,215	325,548	334,088	41,347	43,507	45,948	47,577	47,582
	Persons	474,675	485,803	499,078	515,853	528,694	87,756	92,027	96,003	99,025	98,704

Registration Status		Subsidized Premium[3]					Seniors[4]				
		2001/2002	2002/2003	2003/2004	2004/2005	2005/2006	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006
One Person	Registrations	9,794	9,631	9,844	10,226	11,473	131,880	134,338	137,402	140,982	144,563
	Persons	9,794	9,631	9,844	10,226	11,473	131,880	134,338	137,402	140,982	144,563
Two Persons	Registrations	4,522	4,523	4,513	4,649	4,916	102,961	105,318	107,946	112,692	116,058
	Persons	9,044	9,046	9,026	9,298	9,832	205,922	210,636	215,892	225,384	232,116
Three or More	Registrations	4,370	4,481	4,642	4,566	4,833	2,933	2,912	2,999	3,220	3,346
Persons	Persons	18,194	18,271	18,906	18,533	19,547	9,695	9,615	9,907	10,627	11,044
Total	Registrations	18,686	18,635	18,999	19,441	21,222	237,774	242,568	248,347	256,894	263,967
	Persons	37,032	36,948	37,776	38,057	40,852	347,497	354,589	363,201	376,993	387,723

Registration Status		Widows' Pension[4]				
		2001/2002	2002/2003	2003/2004	2004/2005	2005/2006
One Person	Registrations	1,998	1,892	1,796	1,537	1,246
	Persons	1,998	1,892	1,796	1,537	1,246
Two Persons	Registrations	112	101	90	70	51
	Persons	224	202	180	140	102
Three or More	Registrations	48	42	35	29	20
Persons	Persons	168	145	122	101	67
Total	Registrations	2,158	2,035	1,921	1,636	1,317
	Persons	2,390	2,239	2,098	1,778	1,415

(1) The population figures are as at March 31, calculated in July.

(2) The report reflects a discrete count of people receiving Alberta Blue Cross Non-Group coverage. The table excludes people on the Palliative Care Drug Program as those under the program who were seniors, purchased non-group coverage or received the Alberta Widows' Pension are accounted for under these coverage categories.

Note: As at March 31, 2006, 1,173 people were covered by the Palliative Care Drug Program. Of these, 385 are not included in this table as they were covered only under the Palliative Care Drug Program and had no other Alberta Blue Cross Non-Group Coverage.

(3) Persons eligible for basic health services at reduced premium rates were also eligible for Alberta Blue Cross Non-Group Coverage at reduced premium rates.

(4) Individuals covered under the Seniors, Widows' Pension, or Palliative Care categories receive premium-free coverage.

Table 4.4
Alberta Blue Cross Non-Group Coverage: Number of Discrete Recipients and Amounts Paid by Coverage Category, Level of Premium Payment and Type of Service for the Year Ending March 31, 2006[1]

Subsidy Level and Type of Service	Discrete Recipients	Net Payment[2]	Net Payment per Recipient
Regular Premium			
Ambulance	2,614	668,305	256
Drugs	87,282	95,047,564	1,089
Hospital Accommodation	1,213	202,814	167
Other[3]	848	142,388	168
Subtotal	87,689	$96,061,070	$1,095
Subsidized Premium[4]			
Ambulance	1,227	345,583	282
Drugs	32,322	29,758,221	921
Hospital Accommodation	393	65,356	166
Other	184	25,857	141
Subtotal	32,481	$30,195,017	$930
Seniors[5][6]			
Ambulance	43,978	17,628,193	401
Drugs	342,456	421,964,775	1,232
Hospital Accommodation			
Other	5,952	5,334,383	896
Subtotal	346,128	$444,927,351	$1,285
Widows' Pension[6]			
Ambulance	91	34,925	384
Drugs	1,393	1,416,860	1,017
Hospital Accommodation			
Other	9	28,890	3,210
Subtotal	1,413	$1,480,676	$1,048
Palliative Care[6]			
Ambulance			
Drugs	752	1,698,379	2,258
Hospital Accommodation			
Other			
Subtotal	752	$1,698,379	$2,258
Total			
Ambulance	47,891	18,677,007	390
Drugs	459,841	549,885,798	1,196
Hospital Accommodation	1606	268,170	167
Other	6989	5,531,518	791
Total	464,080	$574,362,493	$1,238

(1) A blank cell represents a zero value.

(2) The sums of the net payments may not match the sub-totals or totals due to rounding.

(3) "Other" service includes clinical psychology, home nursing, prostheses and other orthotics, and mastectomy prostheses.

(4) Persons eligible for basic health services at reduced premium rates were also eligible for Alberta Blue Cross Non-Group Coverage at reduced premium rates.

(5) Seniors refers to the Alberta Blue Cross membership category of "Account Holder or Spouse/Partner Age 65 or Older and their dependants."

(6) Coverage for Seniors, Widows' Pension and Palliative Care is provided premium-free.

Table 4.5
Alberta Blue Cross Non-Group Coverage: Number of Drug Prescriptions and Cost of Benefits For Over-the-Counter Products and Prescription Drugs for the Year Ending March 31, 2006[1]

Prescription Type and Membership Category	Number of Prescriptions	Net Payment[2]
By Prescription Type		
Prescription Drugs[6]		
Regular Premium	1,320,846	93,765,647
Subsidized Premium	515,292	29,213,314
Seniors	8,601,250	416,746,455
Widows' Pension	27,077	1,396,612
Palliative Care	23,656	1,668,547
Subtotal	10,488,121	$542,790,575
Over-The-Counter[7]		
Regular Premium	45,521	1,383,056
Subsidized Premium	17,690	546,089
Seniors	280,771	5,680,699
Widows' Pension	860	22,505
Palliative Care	2,949	30,109
Subtotal	347,791	$7,662,459
Adjustments[8]		
Regular Premium	64	(101,139)
Subsidized Premium	2	(1,183)
Seniors	40	(462,380)
Widows' Pension	2	(2,258)
Palliative Care	2	(276)
Subtotal	110	($567,236)
All Prescriptions		
Regular Premium	1,366,431	95,047,564
Subsidized Premium[3]	532,984	29,758,221
Seniors[4][5]	8,882,061	421,964,775
Widows' Pension[5]	27,939	1,416,860
Palliative Care[5]	26,607	1,698,379
Total	10,836,022	$549,885,798

(1) A blank cell represents a zero value.

(2) The sums of the net payments may not match the sub-totals or totals due to rounding.

(3) Persons eligible for basic health services at reduced premium rates were also eligible for Alberta Blue Cross Non-Group Coverage at reduced premium rates.

(4) Seniors refers to the Alberta Blue Cross membership category of "Account Holder or Spouse/ Partner Age 65 or Older and their dependants."

(5) Coverage for these groups is provided premium-free.

(6) Refers to a drug type not available without a prescription.

(7) Refers to an otherwise "over-the-counter" drug type which has been prescribed for these members.

(8) Adjustments refer to retroactive transactions (e.g. coverage effective dates and cancellations), refunds, etc.

Table 4.6
Number and Percentage Change of
Licensed Community Pharmacies in Alberta
as at March 31, 2002, 2003, 2004, 2005 and 2006

Year	Number of Pharmacies	Percentage Change from the Prior Year
2001/2002	801	n.a.
2002/2003	832	3.87
2003/2004	865	3.97
2004/2005	865	0.00
2005/2006	893	3.24
Annual Average Percentage Change for Last 5 Years		2.76

Table 4.7
Alberta Blue Cross Non-Group Coverage: Ten Highest Prescription Drug Expenditures by Net Payment and Coverage Category for the Year Ending March 31, 2006[1]

Group by Coverage Category	Drug Name	Strength	Major Uses	Number of Prescriptions	Number of People	Net Payment
All Groups						
	Losec	20 mg	Ulcer Treatment	170,615	40,960	$25,572,353
	Lipitor	10 mg	Cholesterol Lowering Agent	156,718	41,205	18,867,771
	Pantoloc	40mg	Ulcer Treatment	152,395	35,708	17,091,848
	Lipitor	20 mg	Cholesterol Lowering Agent	106,944	27,746	15,808,110
	Prevacid	30 mg	Ulcer Treatment	96,044	26,230	12,532,466
	Norvasc	5 mg	High Blood Pressure/Angina	134,705	31,697	11,069,490
	Norvasc	10 mg	High Blood Pressure/Angina	72,907	16,854	9,378,665
	Plavix	75 mg tablet	Prevention Heart Attack & Stroke	65,995	13,011	8,183,237
	Altace	10 mg	High Blood Pressure	121,750	27,313	8,140,765
	Copaxone	20 mg/syringe	Multiple Sclerosis	5,467	728	8,021,360
Regular and Subsidized Premium[2]						
	Copaxone	20 mg/syringe	Multiple Sclerosis	5,402	715	7,851,045
	Rebif	12 million IU/syringe	Multiple Sclerosis	2,511	295	4,184,527
	Remicade	100 mg/vial	Rheumatoid Arthritis/Crohn's Disease	1,796	300	3,718,573
	Losec	20 mg	Ulcer Treatment	23,135	6,499	3,561,934
	Enbrel	25 mg/vial	Rheumatoid Arthritis	3,858	330	3,542,012
	Lipitor	20 mg	Cholesterol Lowering Agent	17,862	5,241	2,681,328
	Lipitor	10 mg	Cholesterol Lowering Agent	22,550	6,686	2,639,102
	Pantoloc	40 mg	Ulcer Treatment	20,426	6,008	2,504,072
	Prevacid	30 mg	Ulcer Treatment	17,624	5,301	2,294,120
	Betaseron	9.6 million IU/vial	Multiple Sclerosis	1,487	160	2,129,074
Seniors[3]						
	Losec	20 mg	Ulcer Treatment	146,651	34,210	21,912,493
	Lipitor	10 mg	Cholesterol Lowering Agent	133,719	34,358	16,173,086
	Pantoloc	40 mg	Ulcer Treatment	131,259	29,491	14,521,183
	Lipitor	20 mg	Cholesterol Lowering Agent	88,775	22,404	13,078,773
	Prevacid	30 mg	Ulcer Treatment	78,115	20,807	10,189,933
	Norvasc	5 mg	High Blood Pressure/Angina	123,406	28,468	10,076,144
	Norvasc	10 mg	High Blood Pressure/Angina	63,500	14,390	8,114,122
	Plavix	75 mg tablet	Prevention Heart Attack & Stroke	60,772	11,819	7,541,362
	Altace	10 mg	High Blood Pressure/Angina	103,661	22,756	6,903,579
	Flomax	0.4 mg	Prostate Treatment	84,754	19,813	5,944,349
Widows' Pension						
	Losec	20 mg	Ulcer Treatment	435	126	70,039
	Lipitor	10 mg	Cholesterol Lowering Agent	424	152	53,599
	Lipitor	20 mg	Cholesterol Lowering Agent	302	98	47,790
	Pantoloc	40 mg	Ulcer Treatment	359	116	45,620
	Prevacid	30 mg	Ulcer Treatment	245	92	43,158
	Enbrel	25 mg/vial	Rheumatoid Arthritis	33	2	30,740
	Norvasc	5 mg	High Blood Pressure/Angina	265	78	26,921
	Avandia	4 mg	Diabetes	127	39	23,448
	Norvasc	10 mg	High Blood Pressure/Angina	157	45	22,229
	Celebrex	200 mg	Arthritis	199	79	21,745
Palliative Care						
	Eprex	10,000 units/ml	Hematopoietic Agent	99	26	126,409
	Zofran	8 mg	Severe Nausea/Vomiting	531	156	126,209
	Duragesic	100 mcg/hr patch	Pain Management	280	53	82,437
	Sandostatin LAR	30 mg/vial	Rare Endocrine Tumor	41	4	69,909
	Fentanyl Citrate	50 mcg/ml	Pain Management	264	60	65,923
	Sandostatin LAR	20 mg/vial	Rare Endocrine Tumor	48	8	64,263
	Sandostatin	200 ug / ml	Rare Endocrine Tumor	156	24	50,137
	Bonefos	60 mg/ml inject'n	High Calcium Blood Level	187	28	49,372
	Innohep	20,000 IU/ml	Anticoagulant/Antithrombotic	148	34	48,107
	Hydromorph Contin	30 mg	Pain Management	115	30	47,973

(1) The sums of the net payments may not match the totals due to rounding.

(2) Persons eligible for basic health services at reduced premium rates were also eligible for Alberta Blue Cross Non-Group Coverage at reduced premium rates.

Table 4.8
Alberta Blue Cross Non-Group Coverage:
Average Gross Cost per Prescription by Broad Drug Category
(Direct Bill and Reimbursement Claims)
for Recipients in All Groups
for the Year Ending March 31, 2006[1]

Broad Drug Category	Number of Prescriptions	Net Payments	Co-Insurance Amount	Coordination of Benefits[2]	Average Gross Cost per Prescription[3]
By Drug Category					
Antihistamines	420	12,976	3,150	142	38.73
Antineoplastic Agents	23,952	847,146	285,205	14,014	47.86
Antitussives, Expectorants, Mucolytics	1,627	66,704	16,604	1,190	51.93
Anti-Infective Agents	606,037	15,745,863	5,267,050	404,776	35.34
Autonomic Drugs	443,501	32,714,877	6,076,162	351,569	88.26
Blood Formation and Coagulation	277,463	18,264,568	2,064,401	430,306	74.82
Cardiovascular Drugs	2,781,085	184,867,805	43,713,753	1,705,359	82.80
Central Nervous System Drugs	2,281,279	86,166,417	21,722,621	1,851,361	48.10
Compound Drugs	1,763	69,626	14,079	832	47.95
Devices	6,510	114,333	49,121	1,531	25.34
Diagnostic Agents	1	147	25		172.14
Electrolytic, Caloric, Water Balance	811,715	8,125,445	3,438,895	90,227	14.36
Enzymes	421	1,799,515	3,000	945	4,283.75
Eye, Ear, Nose & Throat Preparations	342,701	8,532,821	3,045,016	83,261	34.03
Gastrointestinal Drugs	681,044	68,144,912	11,218,003	918,092	117.88
Gold Compounds	1,464	79,842	22,675	1,606	71.12
Heavy Metal Antagonists	929	173,136	18,081	7,885	214.32
Hormones & Synthetic Substitutes	1,349,303	41,854,447	11,652,949	685,055	40.16
Local Anaesthetics	13	323	75		30.65
Serums, Toxoids, and Vaccines	1,838	124,153	28,264	1,793	83.90
Skin & Mucous Membrane Preparations	297,386	5,280,707	2,106,128	91,486	25.15
Smooth Muscle Relaxants	68,285	2,668,369	703,732	24,779	49.75
Unclassified Therapeutic Agents	778,732	73,962,091	10,537,948	4,944,587	114.86
Undetermined	110	(567,236)	(281)	(209)	(5,161.14)
Vitamins	78,443	836,811	301,170	19,510	14.76
Total[4]	10,836,022	$549,885,798	$122,287,825	$11,630,097	$63.10

(1) A direct bill claim is submitted for payment directly to Alberta Blue Cross by the pharmacy. A reimbursement claim is submitted for reimbursement to Alberta Blue Cross by the person covered.

(2) Coordination of Benefits would apply in situations where a person can submit a claim to more than one supplementary health plan. Coordination of Benefits represents amounts paid by other payers.

(3) Gross Cost = Net Payment + Co-Insurance Amount + Coordination of Benefits.

(4) The sums of the columns may not match the totals due to rounding.

Table 4.1
Alberta Blue Cross Non-Group Coverage:
Number of Registrations and Persons Covered by Level of Premium Payment
as at March 31, 2002, 2003, 2004, 2005 and 2006[1]

Registration Status	Number of Registrations & Persons Covered					Percentage Change			
	2002	2003	2004	2005	2006	2003/2002	2004/2003	2005/2004	2006/2005
Number of Registrations Paying Regular Premiums	41,347	43,507	45,948	47,577	47,582	5.22	5.61	3.55	0.01
Number of Persons Covered	87,756	92,027	96,003	99,025	98,704	4.87	4.32	3.15	(0.32)
Number of Registrations Paying Reduced Premiums	18,686	18,635	18,999	19,441	21,222	(0.27)	1.95	2.33	9.16
Number of Persons Covered	37,032	36,948	37,776	38,057	40,852	(0.23)	2.24	0.74	7.34
Number of Registrations Paying No Premiums[2]	239,932	244,603	250,268	258,530	265,284	1.95	2.32	3.30	2.61
Number of Persons Covered	349,887	356,828	365,299	378,771	389,138	1.98	2.37	3.69	2.74
Total Number of Registrations	299,965	306,745	315,215	325,548	334,088	2.26%	2.76%	3.28%	2.62%
Total Number of Persons Covered	474,675	485,803	499,078	515,853	528,694	2.34%	2.73%	3.36%	2.49%

(1) The population figures are as at March 31, calculated in July.

(2) Persons covered under the Seniors, Widows' Pension, or Palliative Care coverage categories receive premium-free coverage.

Table 4.3
Alberta Blue Cross Non-Group Coverage:
Persons Covered by Age and Gender
as at March 31, 2002, 2003, 2004, 2005 and 2006[1][2]

Age Group	Total					Male					Female				
	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006
By Age Group															
Under 1	786	806	883	905	938	372	399	430	453	486	414	407	453	452	452
1 - 4	3,617	3,782	3,936	3,871	4,128	1,811	1,867	1,935	1,935	2,065	1,806	1,915	2,001	1,936	2,063
5 - 14	15,591	15,895	16,089	16,363	16,239	8,064	8,284	8,393	8,416	8,367	7,527	7,611	7,696	7,947	7,872
15 - 24	21,428	22,109	23,085	24,115	24,010	10,434	10,655	11,158	11,646	11,564	10,994	11,454	11,927	12,469	12,446
25 - 44	25,556	26,076	26,497	26,701	26,967	11,128	11,276	11,375	11,360	11,494	14,428	14,800	15,122	15,341	15,473
45 - 64	96,157	98,669	102,205	106,996	109,419	33,195	34,482	35,966	37,709	38,662	62,962	64,187	66,239	69,287	70,757
65 - 74	172,707	174,327	177,299	182,088	185,488	83,363	83,839	85,422	88,351	90,034	89,344	90,488	91,877	93,737	95,454
75 & Older	138,833	144,139	149,084	154,814	161,505	54,331	56,868	59,272	62,057	65,279	84,502	87,271	89,812	92,757	96,226
Total	474,675	485,803	499,078	515,853	528,694	202,698	207,670	213,951	221,927	227,951	271,977	278,133	285,127	293,926	300,743

Age Group	Percentage Change Total				Percentage Change Male				Percentage Change Female			
	2003/2002	2004/2003	2005/2004	2006/2005	2003/2002	2004/2003	2005/2004	2006/2005	2003/2002	2004/2003	2005/2004	2006/2005
By Age Group												
Under 1	2.54	9.55	2.49	3.65	7.26	7.77	5.35	7.28	(1.69)	11.30	(0.22)	0.00
1 - 4	4.56	4.07	(1.65)	6.64	3.09	3.64	0.00	6.72	6.04	4.49	(3.25)	6.56
5 - 14	1.95	1.22	1.70	(0.76)	2.73	1.32	0.27	(0.58)	1.12	1.12	3.26	(0.94)
15 - 24	3.18	4.41	4.46	(0.44)	2.12	4.72	4.37	(0.70)	4.18	4.13	4.54	(0.18)
25 - 44	2.03	1.61	0.77	1.00	1.33	0.88	(0.13)	1.18	2.58	2.18	1.45	0.86
45 - 64	2.61	3.58	4.69	2.26	3.88	4.30	4.85	2.53	1.95	3.20	4.60	2.12
65 - 74	0.94	1.70	2.70	1.87	0.57	1.89	3.43	1.90	1.28	1.54	2.02	1.83
75 & Older	3.82	3.43	3.84	4.32	4.67	4.23	4.70	5.19	3.28	2.91	3.28	3.74
	2.34%	2.73%	3.36%	2.49%	2.45%	3.02%	3.73%	2.71%	2.26%	2.51%	3.09%	2.32%

(1) "Persons Covered" includes all persons covered by Alberta Blue Cross as at March 31 each year.
(2) The population figures are as at March 31, calculated in July each year.

Table 4.9
Alberta Blue Cross Non-Group Coverage: Number of Prescriptions and Gross Payments by Drug Cost Components (Direct Bill Claims Only) for the Year Ending March 31, 2006[1]

Recipient Group	Number of Prescriptions	Drug Material Cost [A]	Dispensing Fee[2] [B]	Additional Inventory Allowance[3] [C]	Adjustment [D]	Gross Payment[4] [E]	Co-Payments [F]	Coordination of Benefit[5] [G]	Net Payment[6] [H]
By Groups									
Regular and Subsidized Premium	1,860,640	132,591,765	18,767,186	2,050,020	(99,908)	153,309,063	21,452,094	8,722,389	123,134,580
Seniors	8,854,804	425,395,206	87,641,975	9,884,750	(460,441)	522,461,490	99,533,922	2,011,597	420,915,970
Widows' Pension	27,785	1,437,302	271,281	31,634	(2,258)	1,737,960	315,144	12,415	1,410,401
Palliative Care	25,707	1,602,339	318,421	18,557	(276)	1,939,040	170,334	103,803	1,664,903
Average Cost per Prescription		52.10	9.94	1.11		63.09	11.28	1.01	50.81
Total[7]	10,768,936	$561,026,613	$106,998,863	$11,984,961	-$562,884	$679,447,553	$121,471,493	$10,850,205	$547,125,854

(1) A direct bill claim is submitted for payment directly to Alberta Blue Cross by the pharmacy.

(2) The dispensing fee is the portion of the overall prescription charge that covers pharmacists' professional services and all other business costs. Dispensing fee is based on all eligible drug claims, including claims for oral contraceptives, insulin and injectables.

(3) Additional Inventory Allowance is a portion of the dispensing fee. The total price of prescription is made up of the actual acquisition cost of the drug and the dispensing fee. Additional Inventory Allowance may include upcharge (mark-up) amounts for prescriptions for Albertans submitted by pharmacies in the Northwest Territories.

(4) Gross Payment [E] = [A] + [B] + [C] + [D]

(5) Coordination of Benefits would apply in situations where a person can submit a claim to more than one supplementary health plan. Coordination of Benefits represents amounts paid by other payers.

(6) Net Payment [H] = [E] - [F] - [G]

(7) The sums of the columns may not match the totals due to rounding.

Glossary/Definitions

Alberta Blue Cross Group Plan — Health insurance coverage Alberta Blue Cross provides to Albertans through groups, such as employers, which is not subsidized by the government. Data for this coverage are not included in the *Statistical Supplement*.

Alberta Blue Cross Non-Group Coverage Plans — Government subsidized supplemental health insurance coverage for drugs and selected health services, administered by Alberta Blue Cross on behalf of Alberta Health and Wellness.

Alberta Health Care Insurance Plan (AHCIP) — A non-profit, publicly funded plan administered and operated by Alberta Health and Wellness under the *Alberta Health Care Insurance Act* and its regulations. The AHCIP pays for insured physician and dental/oral surgical services as required under the *Canada Health Act*, and a number of allied health services provided to eligible residents of Alberta.

Alternate Relationship Plans (ARPs) — Plans that provide physicians with an alternative to the traditional fee-for-service billing payment method, and provide physicians with flexibility in the way they provide care. ARPs enable a team-based approach and promote improved access to care, patient satisfaction and the recruitment/retention of physicians.

Allied Health Services — Basic health services (other than insured services) provided by chiropractors, optometrists, and podiatrists.

Basic Health Services — Insured services provided by physicians and dentists/oral surgeons as well as some services covered by the AHCIP provided by optometrists, chiropractors, and podiatrists.

Blank Cell — Represents a zero value.

Discrete Patients — The number of individuals registered with the AHCIP who received a basic health service paid on a fee-for-service basis by the AHCIP. Discrete patients are only counted once. Individuals who are registered with the AHCIP but did not receive any services in the current year are not included in the discrete fee-for-service patient count, but are included in the registration data. Unless otherwise noted, the data in the *Statistical Supplement* are based on the number of discrete patients.

Discrete Service Providers — The number of practitioners who provided a service payable under the AHCIP. Discrete service providers are only counted once.

Fee-for-Service — A method used to pay for the provision of health services.

Fiscal Year — April 1st of one year to March 31st of the following year.

Health Regions — A geographic area within Alberta that has been identified and defined for the purpose of assigning responsibility for and authority over the delivery of health care services within its boundaries. There are currently nine health regions in Alberta.

Insured Services — Physician and dental/oral surgical services as defined by the *Canada Health Act* and the *Alberta Health Care Insurance Act*.

Medical Assessments — Primarily office visits and consultations.

Medical Services — Services provided by a physician.

N/A — Not available.

n.a. — Not applicable.

-- — Non-zero value; actual value was too small to be shown.

Net Payment — The amount of the total prescription drug cost that is paid by Alberta Health and Wellness through the Alberta Blue Cross Non-Group Coverage plans.

Nil — No change.

Number of Services — Some health services listed in the schedules of benefits are paid based on time units. Where applicable, the number of services reported in the tables is the number of time units paid.

Practitioner — Licensed health care provider who is registered with the AHCIP and provides basic health services.

Practitioner Payments — Gross fee-for-service practitioner payments made by the AHCIP for basic health services. Represents neither the total income nor the net income of a practitioner. Unless otherwise stated, payment data is reported on a date-of-service basis and includes only fee-for-service payments to Alberta practitioners for services provided to Alberta residents.

Primary Care Networks (PCN) — Networks of family physicians that use a team approach with other health care professionals to coordinate primary care for their patients.

Recipient Location — The health region where the person who received the health service lived at the time of service (according to the AHCIP registration data).

Registrations — The number of accounts registered with the AHCIP. A registration may include one person (as in single coverage) or two or more people (as in family coverage).

Registered/Insured Persons — Alberta residents insured under a program and therefore entitled to receive benefits.

Schedule of Benefits — List of practitioner services and rates paid by the AHCIP. Includes the general rules, procedure list, fee modifier definitions, price list and explanatory codes. The *Statistical Supplement* includes data for five distinct benefit schedules (medical, oral and maxillofacial surgery, chiropractic, optometry and podiatry).

Service Location — The health region where a health service was provided.